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from W & C Buckler

A SURGEON'S LIFE



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J. M. T. FINNEY

A Surgeon's Life

THE AUTOBIOGRAPHY OF

J. M. T. Finney



1940

G. P. PUTNAM'S SONS, NEW YORK

FINNEY, John Miles *Finney*
[1863-1942]

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B-78 (Finney)



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Designed by Robert Josephy

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To her who for nearly fifty years as beloved companion has ever been a constant guide to better things; to our children and grandchildren, a never failing source of pride and satisfaction, this book is affectionately dedicated.

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FOREWORD

AN AUTOBIOGRAPHY places a grave responsibility upon the author, in choosing the material or incidents that may be thought worthy of record, and in making sure of the absolute accuracy of its facts. Obviously, in order to enhance the value of the narrative, incidents of real human and historical interest should be given preference. The personal pronoun must occupy a rather prominent position. However, in this case, the author will endeavor, so far as possible, to keep it in the background.

In a personal narrative such as this, written by a surgeon and of necessity dealing largely with his patients, there is danger that professional confidences may be violated. Every effort has been made to avoid this grave offense. Where names are used, it is with the knowledge and consent of the patient, or after previous publication elsewhere of the events chronicled.

In writing this book, the author has tried to make it a thoroughly human narrative, dealing largely with the pleasant relationship that exists between doctor and patient. Unless a doctor comes to look upon every patient as an individual entity, he will miss that unique relationship. Only through close association does a doctor come really to know and thoroughly understand his patient's problems.

We smile nowadays when we hear the expression used which formerly was so commonly heard in speaking of the old family doctor, "He knows his patient's constitution because he has treated him and his family for years." But it does not do to regard such an expression too lightly, as there is not infrequently a great deal in it, especially if, in addition to the knowledge so obtained of physical characteristics and hereditary traits or taints in a certain individual or family, he has acquired an insight into the character of his patient and knows the workings of his mental processes and his spiritual aspirations. The family doctor is in a position to help that individual as no

stranger possibly could. To a large extent the same is true of the surgeon if he will but avail himself of the opportunities offered.

A doctor's duties are a strange mixture of the pathetic and the humorous. He is called upon "to laugh with those who laugh and to weep with those who weep." In human experience, tragedy is not far removed from comedy, and the humorous and pathetic are often found side by side. No one realizes and appreciates this fact more than the doctor. Fortunate indeed is he who is endowed with a sense of humor. It often relieves an otherwise trying situation.

I was once consulted by a lady dressed in the deepest mourning. Examination and the history of her trouble both strongly suggested the presence of gallstones and the advisability of a surgical operation for their removal. After this opinion had been stated to her as tactfully as possible, she, with clasped hands and tear-filled eyes, in pleading tones exclaimed, "Oh! Doctor, Doctor, don't tell me that I must be operated on. I have just become a widow, and I do so want to live." Not having had the pleasure of the acquaintance of the lately deceased husband, I was unable to surmise whether it was a happy release or other prospects that inspired the strong desire for continued existence.

Upon another occasion a maiden lady of uncertain age consulted me with a history of having recently had a fall, from the effects of which she had since suffered considerably. She seemed exceedingly nervous, and for some unaccountable reason appeared to be greatly embarrassed. With difficulty I finally succeeded in eliciting the fact that her chief trouble was located in one of her knees. It was then suggested as diplomatically as possible that I would be unable to treat the injured member satisfactorily without inspection and examination. After a painfully embarrassing pause and blushing deeply, she produced from beneath the folds of the cloak she was wearing a hitherto carefully concealed package, which after some hesitation she proceeded slowly to unwrap, revealing a girl doll completely clothed. Then, cautiously lifting the hem of the skirt, she exposed a portion of the doll's bared knee and, pointing to a definite spot, remarked, "There, Doctor, is where I hurt my knee." Long training and due regard for the lady's feelings enabled me to inspect the doll's knee carefully and to prescribe therefor without betraying undue levity. Apparently the vicarious treatment resulted satisfactorily, or possibly it was the fear of subsequent examination and exposure, for a prompt recovery followed.

It is an unpardonable breach of good manners as well as of professional ethics for a doctor to discuss his patients in public except in such an impersonal way that their individual identity can not be established. So not until she had been dead a number of years did I relate the incident of the maiden lady and the doll. The occasion was a dinner party of friends and acquaintances. After I had told the story and the laughter that followed had subsided, a lady across the table from me exclaimed, "Doctor, I can tell you who that was."

"Oh, no, you can't! Nobody but myself knows, and I have never mentioned her name," said I.

"Oh," she replied, "there's no need to, as nobody would be so foolish as to do a thing like that but my Aunt Maria."

And she was right. I had completely overlooked the fact of the relationship. However, no harm was done, as "Aunt Maria's" peculiarities had been quite well known to her family and intimate friends. But it simply goes to show that a doctor can not be too careful in avoiding the discussion of his patients in public.

Great as are the demands of his profession upon the physical resources of the true doctor, those made upon his mental and spiritual forces are greater still. Particularly is this true of surgery. Here in truth and in deed does the surgeon at times hold the life of his patient in his hands, and no one appreciates the full significance of this responsibility quite as well as the honest, conscientious, well-trained surgeon. Loss of sleep, broken rest, irregular meals, long hours, all have their effect sooner or later in impaired digestion, prematurely gray hair, a disturbed nervous system, shortened life. Comparatively few, however, are disabled by hard work alone. Overwork as such has a low mortality rate. It is worry and responsibility that kill.

This feeling of responsibility is very great all the way through. In the first place, much is involved in the making of a correct diagnosis. Then, what is the proper treatment of a particular case, to operate or not to operate? If the former, shall the operation be simple and palliative, or radical and capital? Then, in the technical execution of the operation, which of several methods should be employed? Then, most trying of all, am I capable of doing this particular operation in the way I know it should be done, or in justice to the patient ought I to refer him to another and more competent surgeon? Then, after the operation is done and over, and for some reason or other the patient does not do as well as he should, the surgeon begins to wonder and to worry, and goes over in retrospect the operation step

by step in order to find some possible explanation for existing conditions. These disquieting thoughts come to every conscientious surgeon to disturb his rest at night and cause untold worry. Happy and fortunate indeed is that surgeon or medical man who does not take his patients to bed with him, but who can, when he lies down to sleep, drop his worries for the night and take them up the next morning where he left them the night before.

Many times, of course, these anxieties do not arise, as fortunately nowadays surgical skill and technique have reached such a high degree of perfection that one approaches a surgical operation with far more confidence and assurance. But even so, when one is dealing with human life, one comes to appreciate the absolute necessity for attention to every detail. The slightest infraction at times may be fraught with the most serious consequences. When one is dealing with dollars and cents, as in a business venture, one may entertain a reasonable hope to recoup in some succeeding venture what one has lost. But when a mistake is made in medicine or surgery, who pays the price, sometimes with a life? No, in dealing with matters pertaining to human life or even human health and happiness, there may be no comeback. Small wonder, then, that the surgeon's worries and responsibilities are different from those of other people, and more far-reaching in their effect. Here is where the quality of equanimity so eloquently recommended by the late Sir William Osler shines forth resplendently. It is a quality to be cultivated beyond all else, a jewel without price, the possession of which will do more to make a doctor's life complete and bearable than any other quality.

For the benefit of any young surgeon who may read this book, let me emphasize as strongly as I can the advisability, indeed the absolute necessity, for the exercise of unremitting diligence and scrupulous care in the performance of a surgical operation. A large part of good surgery consists in strict attention to detail in everything that concerns the operation: a carefully taken history; a thorough physical examination; the making of a correct diagnosis; the preparation of the patient mentally as well as physically for the operation; the choice of anesthetist and anesthetic; absolute asepsis; careful and gentle handling of the tissues; absolute hemostasis; avoidance of the devitalization of tissues in the wound by ligation of unnecessarily large masses of tissue, or by too tight sutures; the use of the finest silk in suture and ligature material; omission of drainage in clean, dry wounds; accurate approximation of wound and skin flaps; physiologi-

cal rest after operation; avoidance of too tight dressings and bandages. These are the fundamental laws of good surgery as insisted upon by that master surgeon, Professor William Stewart Halsted, my honored chief for thirty-three years. After over half a century of active surgical work, which has furnished ample opportunity for wide experience and observation, I can bear hearty testimony to the correctness of his observations. Would the surgeon cultivate this much to be desired quality of equanimity? Then I urge upon him the careful study and implicit observance in his work of these fundamental rules of good surgery.

But in order to insure the best possible result, something more than this is essential, indeed of the greatest importance. The ability to perform a surgical operation as nearly scientifically and technically perfect as possible is essential to the surgeon in caring for the physical well-being of the patient, but this is not the whole story; it is only one side of the picture. The personal equation of the patient, to which unfortunately often little or no attention is paid, must be taken into account if the best results are to be achieved, and nothing short of the best will interest the true surgeon. If he is worthy of the name, he will not forget that his patient, like himself, is a human being possessed of feelings and emotions, which the surgeon is morally bound to respect, and the disregard of which will often unfavorably affect the result of the operation.

To combat the tendency in this scientific age to place undue emphasis upon the science of surgery, almost to the exclusion of the human element, is one of the chief objects that the author has had in mind in writing this book. Nowadays our attention is becoming focused more and more upon the scientific aspects of the problem, as our knowledge of disease processes and their causes and effects increases. The author yields to no one in his appreciation of what scientific medicine has done and continually is doing for humanity. All honor to it and to those noble men and women who have devoted, or are devoting, their lives to the advancement of such knowledge. However, in our enthusiastic search after knowledge we must not forget that clinical medicine and surgery also furnish fertile fields for scientific research. We must be careful too not to lose sight of the fact that we are dealing with human beings, whose individual feelings and interests must ever be respected and guarded. It is axiomatic that the doctor should be well trained scientifically, and thoroughly conversant with the clinical history and picture of disease in its pro-

tean manifestations, but in the treatment of disease the human element is sometimes of even more importance than the scientific. Over half a century's observation and experience with disease and its treatment under varying conditions have convinced the author that in order to accomplish the best results in his work, due regard must be had by the surgeon for both the scientific and the human side of surgery. Since the two go hand in hand and are complementary forces, each should be given the consideration it deserves, and neither should be unduly stressed to the detriment of the other.

In reviewing his more than fifty years of active surgical work, the author has been impressed by the fact that the opportunity, indeed the privilege, that is offered the doctor in his relationship to his patient is twofold: namely, remedying his physical infirmity where possible, and relieving the accompanying mental strain. In the proper performance of these important duties inherent in this happy relationship, there comes not infrequently to the doctor the additional privilege of acting as trusted friend at a time when one is sorely needed. The true province of the doctor has been well stated by the late Dr. E. L. Trudeau: "To cure sometimes, to relieve often, to comfort always."

The author trusts that this book may in some small measure, at least, accomplish the chief purpose for which it is intended; namely, to call attention to the important role played by the human element in the daily lives of both doctor and patient, and the obligation resting upon each to do his or her full share in its fulfillment.

A SURGEON'S LIFE

I. ANCESTRY AND EARLY CHILDHOOD

IT IS still a moot question among scientists as to which exercises the greater influence in the development of character, heredity or environment. In my own case, it would be difficult to evaluate the relative effect of these two forces in determining my subsequent career. Undoubtedly each has contributed its full share.

A search through the family records on both sides shows that I was fortunate in the choice of my forebears. On my father's side the line goes back unbroken through Scotch-Irish Presbyterian stock to Robert and Dorothea Finney, who came over to this country from the neighborhood of Belfast, Ireland, in 1720 and settled in New London, Chester County, Pennsylvania. They, together with members of five generations of their descendants, now lie buried in the old family burial ground on "Thunder Hill," the name of their original estate situated near New London. Robert in 1722 had acquired this estate, consisting of nine hundred acres, which on his death was divided among his seven children. From here as the starting point, the descendants of Robert and Dorothea Finney scattered widely throughout the country.

It is related that Robert was one of the defenders of Londonderry and that he fought in the "Battle of the Boyne," during which he received a severe wound in the head and was left on the field for dead. However, he regained consciousness some hours later, caught a horse which he saw grazing near by, mounted and rode away. Eventually he made a good recovery, although he bore to his grave the scar of a fractured skull. The story is told that before leaving Ireland Robert dreamed he had gone to America and purchased land, and that after he came to America, he recognized in "Thunder Hill" the land of his dreams.

Walter, son of William, grandson of Robert, was born in 1747.

He founded our particular branch of the Finney family. He made an excellent service record in both the Revolutionary and the French and Indian Wars. In the Revolutionary War he served with distinction throughout its greater part, attaining the rank of major in 1776. He was severely wounded in the Battle of Brandywine and was forced to retire from active service for a time. His diary, which is still extant, is interesting reading and warrants the quotation of the following brief extract:

Tuesday, September 26, 1780.

Happy for America yesterday morning, Major André of the British Guards and Deputy Judge Advocate of the British Army in America was apprehended in the character of a spy. About the month of July, General Benedict Arnold solicited and obtained the command of that important post, West Point. No sooner had he assumed this command than he erected the standard of Be-elzebub, and every villain that was capable of selling his country had a command there on applying. He bartered away and sold the public stores until they were almost exhausted; discharged, furloughed and detached troops until there were not more than 200 left on the Point, and these on an average had not three rounds of cartridges per man. When this was effected, he went in person on the 'Vulture,' a British frigate that lay in the river, and bargained for and agreed to deliver West Point with its appendages to the British, for the trifling sum of one hundred thousand guineas; and in order to give every evidence of his intentions, villainous as they were, sent in the night this André alluded to, that he might view the works and the plan of operation. But here that guardian God whose goodness has heretofore preserved the liberties of America once more in an extraordinary manner, baffled the schemes of tyranny and deceit. For our illustrious General George Washington having passed that post on his way to Hartford as already mentioned, gave notice to Arnold of the day he would return and pay him a visit. This gave new prospects to their hellish schemes, and they flattered themselves that it was then in their power to make the prize complete by the capture of the best and ablest general in the world. Elated with this prospect, André could not risk the slow motion of wind and tide, but under the cover and protection of Arnold's pass, made his way by land to the very neighborhood of his own Army, where he was hailed by three honest fellows whose business was to detect contraband trade on their line. André, being previously

informed that the York refugees were marauding in that quarter, concluded it was they and, of course, his friends, so he informed them he was a friend of the British Army, upon which they seized him, and to their credit be it told, refused to let him pass, although he offered them 500 guineas and his gold watch. In the first search they found letters directed to Arnold which they immediately dispatched to him, not suspecting his villainy. This gave the traitor the alarm, and he immediately manned his barge and under cover of the flag, he went on board the 'Vulture.' On a more thorough search of André they found in his boot a correct draft of West Point and its environs, with the plan of attack marked out by Arnold, and a note to General Clinton informing him that on Tuesday morning the 26th he would deliver to him the post, at which time he might make a prisoner of General Washington, as he was to lodge with him the preceding night. But to proceed with my journal, this morning about one o'clock, the news arrived per express to General Greene, who commanded in the absence of His Excellency General Washington, with orders to detach a division of the most active troops to the immediate support of the place, upon which the Pennsylvania Division was ordered to march and leave their baggage, which was instantly complied with. The first brigade marched about two o'clock and arrived at Haverstraw about sunrise (15 miles). The second brigade marched about half after three and arrived at the same place by nine o'clock.

Wednesday, September 27, 1780, 1:00 p.m.

The second brigade set out for West Point, lay the night in the Mountains, sustained a heavy rain from the instant we marched until two o'clock in the morning.

Thursday, September 28, 1780.

Proceeded to the Point. Our arrival gave joy to every friend of America in that quarter. We here saw the glaring proofs of Arnold's villainy. In addition to the account already given, he had pulled down one angle of Fort Putnam, the bulwark of the whole, or more politely speaking, the citadel, under pretense of re-building it, but took good care to omit the latter. Through this breach the enemy might march in platoons. He also brought twelve pieces of brass ordnance from New Windsor and had them deposited in a defense-

less plain without carriages. In short, everything was in a regular state of disorder.

At the conclusion of his military career Major Walter Finney was appointed Associate Judge of the County Court of Chester County, Pennsylvania. For many years he occupied an important place in that community. He married Mary O'Hara of Pennsylvania. They had only one son, William, my grandfather. Because of his services in the Revolutionary War, Major Walter Finney became eligible for charter membership in the Order of the Cincinnati from Pennsylvania.

William Finney, my grandfather, was born in New London in 1788. He was graduated from Princeton College in the class of 1809. Afterward, since he wished to study for the ministry and there were no theological seminaries, for three years he took theological training under Rev. Dr. Samuel Martin of York, Pennsylvania. In 1812 William accepted a call to Deer Creek Church, Harford County, Maryland, at the munificent salary of one hundred and fifty dollars a year.

The Deer Creek Presbyterian Church was one of those which had been founded in 1738 by the noted evangelist, Whitefield, during one of his itineraries along the Atlantic seaboard. The two hundredth anniversary of the founding of this Church was recently celebrated with appropriate ceremonies, at which my brother and I were present and took part. Here my grandfather, Rev. William Finney, labored earnestly and successfully for forty-four years, gradually building up a strong congregation and erecting a substantial brick church edifice, which still stands. At his suggestion the name of the village which had sprung up was changed to Churchville, by which it is now known. In passing, it is a matter of interest that in the cemetery attached to this church lies buried the body of Dr. John Archer, who was the first graduate in medicine in this country. He was born, practiced medicine for many years, and died in 1810, at his home, Medical Hall, only a few miles distant from Churchville. Since he was a pioneer in the field of medicine in this country, a brief sketch of his life may be of interest here.

Dr. John Archer was graduated from Princeton College with an A. B. degree in 1760 and an A. M. in 1763, and took his degree in medicine, M. B., from the Philadelphia Medical College (now the University of Pennsylvania) in 1768. This was the first class to be graduated from the first medical school established in this country.

It is interesting to note from the records of the Medical College that just before Commencement a controversy arose as to who should have the honor of receiving the first medical diploma to be given in this country. There were nine members in the graduating class, one of whom was an Englishman; the others were all Americans. The majority of the faculty were Tories, or had leanings that way. They thought it would be a gracious gesture to the mother country to award the first diploma to the Englishman. This proposition was vigorously opposed by the Americans in the class, who were all Whigs. They insisted that, if the faculty persisted in this idea, they would demand from the College certificates of their having completed a satisfactory course in medicine. Armed with these they would then march in a body to Princeton and request medical diplomas from that College. It was a fact that Princeton had been granted in its Charter the right to award diplomas in medicine as well as in the arts and sciences. The knowledge of this threatened action was too much for the faculty of the Philadelphia Medical College, so they finally agreed to award the diplomas alphabetically. As John Archer was the only one in the class whose name began with "A," he thus automatically received the first medical diploma. This diploma is now the property of the Medical and Chirurgical Faculty of Maryland and hangs in their library in Baltimore, a much prized relic.

Dr. Archer was apparently a very important person in the community in which he lived. He certainly must have been a busy practitioner of medicine; it is related that on one occasion, in answer to the inquiry of a stranger who had stopped at his house to ask for him, his wife replied, "There's a man by that name who gets his washing done here."

Among the records that Dr. Archer has left of interesting cases is the report of perhaps the earliest successful case of suture of the stomach on record in this country. During an altercation with a shoemaker a man's abdomen was ripped open with one of the shoemaker's knives. Corned beef and cabbage gushed out in abundance from the wound in the stomach, as the man had just eaten a hearty dinner. The doctor was hurriedly summoned, but was some time in arriving. Meanwhile the shoemaker, repenting of what he had done, had washed the wound in warm water, had got out his waxed ends and awl and had sewed up the rent in the stomach. The doctor upon his arrival found the work so well done that he left it as it was, applied a dressing, and the patient promptly recovered.

Tradition states that my grandfather, William Finney, on his way to take charge of the Deer Creek Church, arrived in Maryland on a very hot day. He stopped to eat his lunch under the shade of a beautiful spreading oak tree not far distant from his destination. While resting there, he was so pleased by the beauty of the surrounding country that he decided then and there to settle down and build a house on that spot. This he did after purchasing a large tract of land. The stone house erected there by him still stands, as does the oak tree. The tree has unfortunately been considerably damaged by lightning.

Here William Finney and his wife, Margaret (Miller) Finney, lived for many years, and here were born their six children; Susan, John Miller, Ebenezer Dickey (my father), William, Charles McLean and George Junkin. Margaret Miller had three sisters, all daughters of John Miller, a Presbyterian Elder of Philadelphia, all of whom married Presbyterian ministers.

John Miller, after whom I was named, was the eldest son. He studied medicine at the University of Pennsylvania, where he was graduated in 1847. He practiced medicine for the rest of his life as a country doctor, living on a farm near Churchville.

My father, Ebenezer Dickey, the second son, became a Presbyterian minister. Uncle Charley and Uncle William both got the gold fever and joined the other "Forty-Niners" in the Gold Rush. Uncle William died in California in 1862. Uncle Charley, after an exciting and eventful career, returned to Churchville and ended his days there, in 1897. Among other experiences, he was shipwrecked and adrift on a raft in the Gulf of Mexico for three days and nights. His two companions on the raft succumbed to thirst and exhaustion and were drowned. On rare occasions Uncle Charley would thrill us boys with the stories of his extraordinary adventures on land and sea.

Uncle George was a farmer. He had a beautiful farm adjoining the property of my grandfather and Uncle John. Here as boys my brother and I spent many delightful days with our five cousins, all boys, hunting, fishing and playing the games in which healthy boys delight. The male sex has for several generations predominated in the Finney family. Therefore on our visits to Uncle George's and Aunt Lou's hospitable home, frequently Aunt Lou would be the only woman in a group of a dozen or more Finney men and boys. What

a table of good things to eat she used to provide for that crowd of hungry boys!

My Grandmother Finney I never knew, but she is said to have been an interesting and beautiful woman. My Grandfather Finney I remember well as a delightful old gentleman. He died in 1873 at the age of eighty-five years. A handsome marble monument erected to his memory by his friends and parishioners stands in front of the Churchville Presbyterian Church, in which he had preached for over forty years. He is said to have been an eloquent preacher, a fine scholar and greatly beloved by the members of his congregation and the community in general. His extreme modesty prevented his superior qualities and attainments from being more widely known.

My father was born in Churchville in 1825. He received his early education at West Nottingham Academy in Cecil County, Maryland, a school which had been founded in 1744 by Reverend Samuel Finley, who later became President of Princeton. West Nottingham Academy has had enrolled on its roster from time to time the names of many men celebrated in the early history of this country. It still exists in a flourishing condition.

When Father had completed his schooling at the Academy, he entered Lafayette College, largely because his Uncle George Junkin was at that time its President. Here he spent three years and completed his junior year. At this juncture, however, Dr. Junkin resigned from the Presidency of Lafayette and went south to become President of Washington College at Lexington, Virginia. A group of the seniors, of whom my father was one, accompanied Dr. Junkin, took their senior year at Washington College (afterwards Washington and Lee) and were graduated there in 1849. My father thus became an alumnus of Washington College after having spent three years at Lafayette.

It is of some interest that "Stonewall" Jackson, at that time a member of the faculty of the neighboring Virginia Military Institute, later married as his first wife a daughter of President Junkin, Elinor, a first cousin of my father's.

From Washington College, Father entered Princeton Theological Seminary, from which he was graduated in 1852. He did not at once accept a pastorate, but for a short time preached as pulpit supply in vacant churches in the neighborhood. During this time he was trying to make up his mind whether or not to go south.

The predominant ancestral strain on my mother's side was English.

It is not quite clear just when the Parkers first arrived in this country from Wiltshire, England, but the record states that Abraham Parker and Rose Whitlock, who founded the line of Parkers from which we are descended, were married in 1644 at Woburn, Massachusetts. As was the rule in those days, there was a large family of children, and it did not take many generations before members of the family were scattered far and wide throughout the country. The men of the family seem to have inclined rather toward the professions than business, although quite a number of them were tillers of the soil. The ministry, teaching, law and medicine seem to have claimed the majority of them. Dartmouth and Harvard were the most favored of the colleges, and Congregationalism was the predominant form of religion. On looking over the records of the Parker family in America, which seem to have been unusually well kept, one comes upon a goodly number of old Abraham's descendants who, in widely separated parts of the country, in various capacities and with distinction, have served their day and generation. Beyond the fact that two of the Parker women were executed as witches at the time of the celebrated Salem witchcraft furore in 1692, the record of the family seems above reproach.

My grandfather, William Parker, I never knew. He was a teacher by profession. He was graduated from Dartmouth College in 1802. He married Dolly Blake of Exeter, New Hampshire. They had four children, William Blake, Dolly, Annie Louise (our mother) and Alice French. William Parker taught first at Exeter Academy, New Hampshire, for several years. From there he went to New York State, then to New Jersey and finally brought up in Winchester, Illinois. He continued teaching until his death in the early sixties. He left behind him an excellent reputation as a teacher of more than ordinary ability and as a good citizen, possessing the confidence and esteem of the entire community. Of my grandmother, Dolly Blake Parker, I still retain delightful memories.

I recall that once when as boys my brother and I were visiting "Aunt Lizzie" Train in Haverhill, Massachusetts, we went to Dunbarton, New Hampshire, to visit some of our Parker relatives. We arrived at Uncle Daniel Parker's home late one evening. Next morning at breakfast we had offered us three kinds of pie, a characteristic of New England breakfasts, so I was told. I sampled them all, to my great satisfaction. One of them was blueberry pie, my first introduction to it, a memorable event! Altogether my visit with my Parker

kin was delightful. They were all interesting people, and I was proud of my Yankee relatives. This favorable impression was deepened in after years by further contact with them. While I was in Boston attending the Medical School and later interning at the Massachusetts General Hospital, I again had the privilege of visiting more of my Parker relatives in Cambridge, Concord, New Hampshire, and elsewhere.

Thus it may readily be seen that so far as heredity is concerned, I am descended from a combination of sturdy Scotch-Irish and English stock, long-lived, God-fearing, well educated and public spirited, for which goodly heritage I have much to be thankful.

From the point of view of environment, the early outlook was certainly unfavorable. On June 20, 1863, on a plantation near Natchez, Mississippi, there was born to Rev. Ebenezer Dickey Finney and his wife, Annie Louise (Parker) Finney, a second son. The time of my arrival upon this earthly scene was unpropitious. The country was in the throes of Civil War, and at the time of my birth actual fighting was going on within sound of the house where I was born. The South by this time was beginning to feel acutely the ill effects, social and economic, which always accompany the ravages of war. In addition to all this, there was the tremendous physical and mental strain upon everyone, which could not but have its effect in lowered resistance to infectious diseases of all kinds, resulting from the prevailing unhygienic conditions.

Thus it was that our young mother died when she was only twenty-four years old. No doubt her care of me, a babe of five months, and of my brother, who was then two years old, were additional causes for her falling an easy prey to the so-called "malignant dysentery," an epidemic of which was raging in the neighborhood at that time, especially among the Negroes. My mother must have been a beautiful Christian character. From her photographs, from old letters now in my possession written by her, to her and about her, and from the accounts of friends who knew her, with whom I have talked, no other conclusion can be drawn. What an inestimable loss to my brother and myself to have been deprived at such an early age of her loving care!

However, although I was too young to have known my own mother, still a kind Providence was very good to me and raised up for me from time to time, as I most needed them, four foster mothers, who one after the other took excellent care of me. In 1863, at the

time of my mother's death, Father was pastor of the Greenwood Presbyterian Church, located near Natchez, and principal of a school for boys, attended by the sons of the planters in the neighborhood. Father was proud of the fact that a number of his boys subsequently made excellent records in both civil and military life. His letters written after my mother's death to his parents in Maryland were pathetic in the extreme. It was only his Christian fortitude and strength of character that enabled him to carry on. Left with two small boys to care for, far away from the rest of his family, and because of the exigencies of war utterly inaccessible to them, the outlook did indeed appear desperate.

But "the prayers of the righteous avail much." I am firmly convinced that the combined prayers of our good father and sainted mother availed greatly in raising up for us at this time of dire need the good friends whose kindly ministrations did so much to supply our childish wants. Mrs. Stephen Turpin, a granddaughter of Dr. John Archer and one of the Archer family who had gone to Mississippi from Maryland, was a warm personal friend of Father and Mother. She had a large family of children of her own, but insisted upon taking me, a five-months-old motherless babe, into her family as one of her own children. She was thus the first of my four foster mothers.

I lived in Mrs. Turpin's home as one of her children until the War was over some three years later. Of course, I was too young to remember anything of my stay with her, but in later years I had the great satisfaction of knowing her and thanking her in person for all she had done for me. From what I saw and heard of her, she must have been a remarkable woman, just the type that one would expect to take in and care for a motherless child. Among my playmates while I lived in her family were several boys, who, after they grew up, attained distinction in their chosen careers. One of them, a grandson of Mrs. Turpin's, Major General John A. LeJeune, Commander of the Second Division of the American troops in the World War, especially distinguished himself. Another, a nephew of Mrs. Turpin's, was later United States Senator George Chamberlain from Oregon.

As a slight recognition of the great debt I owe to Mrs. Turpin, Father honored me by adding the name Turpin to my original name; hence my extra initial, of which I am very proud. Except for a few short visits during the intervening years, I have unfortunately seen

or heard little of the kind friends in Mississippi to whom I am so greatly indebted. All but a few of them have crossed the "Great Divide," leaving behind them the memory of their extraordinary kindness. My brother and I have happily been able to repay in some small measure to certain of Mrs. Turpin's descendants her very great kindness to us.

It has always been a matter of conjecture as to just what led my father to go south. As far as I can determine from existing records and consultation with members of the Archer family, there had always been a very close friendship between members of the Archer and Finney families. They lived in close proximity in the country and all attended my grandfather's church at Churchville. President Madison had appointed Judge Stephenson Archer of the Court of Appeals of Maryland to be Judge and Acting Governor of the newly acquired "Mississippi Territory." At that time there was no means of communication in that part of the country except on horseback over the "Natchez Trail" or by boat on the Mississippi River. This fact, however, did not dampen the pioneer ardor of the people of that era, as shown by the fact that Judge Archer not only went himself, but later brought down to Mississippi a son and three daughters. Following this beginning, quite an exodus of Marylanders to Mississippi took place. Among those who went were members of the Turpin and Chamberlain families from the Eastern Shore of Maryland and my father from Harford County. Thus was perpetuated a lifelong friendship between members of the Archer and Finney families. The Archers all married and settled in Jefferson County near Natchez. Some of them gradually drifted across the river into Louisiana.

By the time the War broke out, both Father's church and school were in a flourishing condition, but the War played havoc with them both, as it did with everything else.

At this time there was also a popular school for girls located in the neighboring town of Fayette. One of the teachers in this school was Miss Carrie Parker, a New Englander and a cousin of my mother's. In one of her letters Cousin Carrie wrote that she had been delegated by the principal of the school to bring back with her, when she returned from one of her vacations, some nice Yankee girl as a music teacher. So she prevailed upon her cousin, my mother, to go south with her.

Since the Parkers were all Congregationalists, nothing was more natural than that, in the absence of a Congregational Church, the two

cousins should attend the neighboring Presbyterian Church. There my mother soon became organist and also sang in the choir. In one of his letters to his mother Father told of the first time he ever saw my mother: "When I saw this beautiful girl, all dressed in white, floating down the aisle in her big hoop skirt, she looked like an angel. It was a case of love at first sight. The rest of the church service proceeded under difficulty."

Through their connections with the school Mr. and Mrs. James Archer, who were my father's closest friends, frequently invited the Parker girls to their luxurious plantation home. Thus the Parkers, Archers and Turpins became warm friends. Father described in one of his letters a riding party given by the Archers. Mr. Archer, thinking that Cousin Carrie was the one in whom Father was especially interested, in order to tease him arranged that he was to ride with my future mother. This was playing right into Father's hand and gave him the opportunity that he had been seeking for a long time. He did not fail to take advantage of it, and they became engaged. Cousin Carrie, whom I remember well in after years, was bright, lively and attractive. My mother was a good musician, and everyone spoke in the highest terms of her ability both vocal and instrumental. Father had a little box organ that he used to carry in his buggy back and forth to the church. This was the church organ that Mother played.

Father and Mother were married on October 25, 1860, at Astoria, New York, where grandfather and grandmother Parker were living at that time. Grandfather had gone there from New Hampshire to take charge of a school. Father and Mother returned south immediately after the wedding. Their married life was from all accounts blissfully happy, but the onset of the War brought demoralization and disorder. The birth in rapid succession of two baby boys complicated matters still further. Then came our mother's untimely illness and death, and the providential appearance of a guardian angel in the person of Mrs. Turpin to take me, a poor motherless babe, into her home, where I remained until the end of the War. Father kept my brother with him and managed to get along with the kindly help of some of his parishioners. After the War was over, he was able to take us north to our maternal grandmother.

I had no distinct recollection of the old colored mammy whom Mrs. Turpin assigned to me as my special nurse, but I had heard her spoken of and described so many times that I had formed a picture of her in my mind, which proved later to be quite accurate.

And quite an interesting character she was, too. I first learned largely from her to talk in the Negro dialect; hence my genuine interest in the Negro race and language, and the natural way in which it comes to me. Indeed, one of the highest compliments in this connection that I have received was from an old darky with whom I had been conversing in the dialect, when he exclaimed, "Fo' de Lawd, Doctah, yo' talks mo' samah lak a niggah dan he does hisself!"

On one of my earlier return visits to Natchez while still in college, I learned that old Mammy had gone to New Orleans to live with a married daughter. As I was anxious to see her again if possible, I went to New Orleans and tried to locate her. I did not have her address, but I did have the name of her daughter's husband, so I went to the Chief of Police and told him my mission.

"Well," he said, "I don't know what we can do for you. These people are apt to move frequently, and when they do, they don't usually leave their new address. Come back in a day or two and I'll let you know what we have been able to do for you."

When I returned, I was greatly surprised to find that he had located the son-in-law at a certain address. I went at once to call at this address. My knock was answered by a rather nice-looking, middle-aged colored woman. When she observed that I was a total stranger, she became suspicious of my purpose. As is characteristic of the race under such circumstances, she rather reluctantly answered my questions, all in the negative. Anyone who knows anything about Negro psychology, or who has seen it portrayed true to nature, as in the play called "Porgy," will be well aware of the fact that when a Negro does not want to know anything, he just "don' know nothin' at all," and that is all there is to it. I realized that such was the situation here, and so I asked in my most reassuring manner whether or not "Mammy ——," calling her by her full name, lived at this address. The woman looked me right in the eye and without the slightest hesitation replied, "No, suh, dey ain't nobody by dat name what lives in dis house."

Then I inquired whether anybody of that name lived in the neighborhood. At once came the response, "No, suh, I ain't nebber heerd tell of nobody by dat name livin' aroun' heah."

I was convinced by this time that she was not telling the truth. As we stood there talking, she had unconsciously opened the door a little wider than she appreciated, and I could see sitting back in the corner an old colored woman with her head done up in a bandana

handkerchief, looking just as I had pictured my old mammy in my mind. I was sure that it was she. I asked the woman over again, and she replied with the same positive denial without batting an eye. So I changed my tactics and made as if I were turning away, remarking at the same time, "Well, that sure is too bad. She used to nurse me when I was a baby up in Mississippi, and I wanted to see her to find out whether or not there was anything she needed that I could do for her."

The effect was magical. Without a moment's hesitation or word of apology for her lying, she flung the door wide open and with a low bow said, "Won' yo' come right in, suh? Yahndah she sets, obah dar in de cornah."

I walked in and over to where Mammy was sitting. She was a bit deaf and had not taken in what we had said. I stopped in front of her and said, "Hi Mammy, how is yo'? I sho' am glad to see yo' agin. I ain't done seed yo' fo' a mahty long time. How's yo' bin?"

With that she pricked up her ears, pulled her glasses down from her forehead and said, "Who's dat a-talkin'?"

To which I replied, "Why, don' yo' know who dis is, Mammy? Yo' sho' ain't done forgot yo' little Johnny dat yo' nussed up yahndah in Mississippi, is yo'?"

When she had adjusted her spectacles, she said, "Come 'roun' heah in de light whar I kin see yo'." After looking me over, she reached out, took hold of my hand and said, "Fo' de Lawd, is yo' little Johnny?"

I replied, "Why, Mammy, I sho' is. Yo' ought to ha' knowed yo' little Johnny, even if he is done growed up."

After looking me all over, she straightened up and, assuming an air of mock severity, said, "Whar's dat bar'l ob apples yo' done promised to sen' me when yo' got up der 'mong dem Yankees?"

Well, that was a poser, so I sat down and asked her to tell me about it, as it sounded interesting.

"Well," she said, "when de time done come fo' yo' pappy to take yo' away, yo' done com' ober to ma cabin to say good-by. I was settin' der a-cryin' and yo' was a-cryin', and yo' done come up to me and put yo' ahm aroun' ma neck and yo' done kissed me on ma old black cheek, and yo' says to me, 'Don' yo' cry, Mammy, 'cause when I gits up dere 'mong dem Yankees, I'll sen' yo' a bar'l ob apples, so don' yo' cry no mo'.' An' yo' ain' nebber done sent dem apples yit."

"Dat's all right, Mammy," said I, "I's sorry dey's bin so long a'gettin' heah, but don' yo' worry. Dey done bin in col' storage, and yo'll git 'em all right yit." And she did. I had an interesting talk over old times with her, and when I left, I headed for a fruit store and ordered sent to her the best barrel of apples available. What she did with them I have never heard, for I never saw her afterward.

II. A PERIPATETIC CHILDHOOD

AT LAST the Civil War was over. Fortunately for me, I remember nothing of all the misery and suffering caused by it; the breaking up of homes, the loss of dear ones, and the destruction of property. All this and much more was related by my father on the rare occasions upon which he could be induced to talk to us children about his War experiences, but it is too distressing to dwell upon.

It was then that it seemed to Father that the time had come when I should leave my first foster mother and the shelter of her hospitable home. Meanwhile her husband, Mr. Turpin, had been arrested and imprisoned because of his Southern sympathies, and it became increasingly difficult to provide the bare necessities of life. So it was that as soon as it became possible to travel north, Father took my brother and me to the home of our grandmother, Mrs. William Parker, in Winchester, Illinois. A few years before his death my grandfather had gone there from New York State to take charge of the local school system.

From all accounts my first two foster mothers must have had much in common. Both were women of great force of character and marked personality. As I remember Grandma Parker, she was a striking-looking old lady with beautiful gray eyes and a cheery smile, and she always wore a grandmother's cap. She had a deep contralto voice and sang beautifully. Her manner at once inspired confidence that here was someone who could be depended upon at all times.

Winchester at that time was a small country town made up largely of a group of families of culture and education, mostly from New England and the East. It was situated about fifteen miles from Jacksonville, the nearest city of any size. It had the distinction of being for a time the home of Stephen A. Douglas. A monument to his memory stands in the public square. Here he taught school and

read law. He soon moved to Jacksonville, but returned from time to time to speak in the Court House, which was the scene of one of the great Lincoln-Douglas debates.

My picture of Winchester centers chiefly around my grandmother, who was calm, resourceful and kindly, always ready to lend a helping hand to us children when in trouble or to answer the innumerable questions that only a childish mind can think to ask. Grandma Parker's household was made up of herself, two daughters, Aunt Dolly Brown and Aunt Alice Parker, and five grandchildren, all cousins and all half-orphans, the oldest of us not over six years of age when we first came under our grandmother's kindly care. Aunt Dolly was a widow, her husband, Major George Brown, an officer in the Union Army, having been killed early in the War. She had one daughter, Fanny. Grandma's only son, William Blake Parker, a business man, had married and lived in St. Louis. His wife had died shortly before, leaving two small motherless girls, Allie and Lulie. To these three little girls were added the two Finney boys, my brother Will, aged six, and myself, aged four.

What a responsibility it must have been for Grandmother, to say nothing of the two aunts, to have put upon her at her time of life! But never were children better cared for or better brought up than were we. After all these years, as I look back over the training and experiences of those early days, there still come to mind vivid memories of precept and example instilled into my consciousness by my devoted grandmother and aunties. Especially do I remember the yellow rose bush in the yard, the joy of my grandmother's life, and how I used to help her in the care of it and the cutting of the roses. To this day a yellow rose is to me the acme of perfection in flowers, because it always recalls such pleasant memories of her. I think that I must have been her shadow, for I can remember following her around like a little dog.

The first incident of which I have any distinct recollection after arriving in Winchester from Mississippi took place one day when there was a military parade. I was enjoying it all hugely, sitting on top of one of the gate posts in front of Grandma's home with my father holding me. Of course, all those present were Northern sympathizers. Suddenly the band stopped playing, and in the momentary quiet that ensued, I was impelled by the enthusiasm of the moment to yell at the top of my voice, "Hurrah for Jeff Davis!"—under the circumstances a risky thing to do. I remember Father's

hurriedly lifting me off the gatepost and carrying me into the house before anything untoward happened.

Grandma was devoutly religious. We had family prayers night and morning, led by her. As a youngster I was impressed with a certain phrase which she constantly used in her petitions; namely, to be delivered from the "sin of selfishness." For a long time I used to wonder what that big word meant, but as time has gone on, I have become more and more convinced that the dear old lady had the correct idea; as we look around us today and analyze the causes of the present war and the poverty, wretchedness and woe, personal, national and international, present on all sides, it becomes evident that the prevailing sin of selfishness is chiefly responsible for the troubles of the present day, as always has been the case.

One Sunday morning I effectually broke up a church service my grandmother was attending. Grandma had gone to church, but for some unknown reason we five cousins had been left at home. The cook in order to hasten the making of the kitchen fire, had poured coal oil on the kindling wood in the stove. I had been watching the proceedings and was greatly alarmed to see a sudden burst of flame from the stove, which to my childish imagination meant that the house was on fire. Grandma Parker was the only one who, to my mind, could avert a catastrophe; so hatless, coatless and shoeless I made a break for the church. I arrived there breathless, right in the midst of the communion service, ran down the aisle to Grandma's pew, and with what little breath I had left exclaimed in a voice that could be heard in the neighboring pews, "Grandma, the house is on fire!" The effect was electrical. The service immediately terminated, and the congregation hurriedly departed in the direction of Grandma's house. By the time they arrived, however, the fire was out and the excitement over.

Grandma was an excellent disciplinarian. She employed rather original methods of enforcing her will. To this day I can recall the taste of the mouthwash, consisting of pepper, salt, vinegar and ashes, with which she used to scrub my mouth after I had been found guilty of telling stories or using bad words. I remember too the cherry tree in the yard to which we children used to be tied with a rope as the penalty for running away. Candor compels me to say that I was one of the chief offenders. From this same cherry tree I once either fell or jumped, and my bare foot landed on an up-turned garden rake. As a result I still carry the scars where the metal prongs of

the rake penetrated deeply. Why I didn't develop lockjaw as a result, I don't know, since all the conditions were favorable for such an eventuality.

It has always been a wonder to me how children survive the many accidents and other dangers which from time to time befall them and live to grow up. Once I attempted to climb on a wagon load of bricks by using the spokes of the hind wheel as steps to make the ascent. I had just reached the top of the wheel when the wagon started, the driver not knowing I was there. I didn't have sense enough to let go and drop off, but clung on, leaning over the tire of the wheel, grasping a spoke and going around with the wheel. Fortunately the ground was soft where the wagon was, but I still remember the pressure on my stomach and the feeling as if my eyes were going to pop out of my head when the wheel went over my abdomen. Luckily beyond some bruises no serious harm was done.

But the incident that most pleases me, I must admit, was my fight several years later with the bully of the neighborhood. He and his gang used to beat up the boys of our group on our way to and from school. Most of their victims were younger and smaller than they. My brother and I had suffered repeatedly at their hands. Both of us had been struck from time to time by stones and other missiles, and one day I had been hit just between the eyes by a stone thrown by one of the gang, receiving a deep gash in my face, the scar of which still remains. I remember determining in my mind then and there that I should not be satisfied until I got Tom F——, the leader of the gang, alone and had it out with him. I felt sure that if I could but catch him by himself, I could lick him, even though he was bigger and older than I. So I lay in wait for him regularly for days. It was a good while before I finally caught him by himself, away from the others. There was intense satisfaction packed into the next few minutes, when I jumped on him unexpectedly, got him down, and I stayed on top with my left arm clasped tightly around his neck and my right arm and fist free and active. We settled old scores then and there. How long we fought I don't know, but just as he was begging for mercy and I was beginning to feel that I had obtained full satisfaction and was about ready to get up, I felt a poke in my ribs, and looking up saw an old lady, an intimate friend of my grandmother's, bending over me and vigorously poking me with her umbrella.

"Why, Johnny," said she, "aren't you ashamed of yourself? Your

grandmother would be greatly shocked if she knew what you were doing. Get up and go on home."

So I got up reluctantly and started for home, but as I walked along, I thought that I knew better than her old lady friend what my grandmother's reaction would be. I must have been a sight, bloody, disheveled and covered with dirt, when I went in to my grandmother and told her what had happened. She was especially interested, it seemed to me, in who had been victorious in the scrap. Perhaps I misjudged her, but I thought she showed evident satisfaction when I modestly admitted it was I who had been the victor. Instead of punishing me, after I had scrubbed myself up well and brushed off my clothes, she gave me a hearty hug and kiss and a pat on the back, with no suggestion of reproof or punishment. Not long afterward I happened to overhear her relating to another friend with an air of pride how I had been victorious in a battle royal with a bigger boy.

We five half-orphaned cousins were a happy family under Grandma's wise guidance and excellent training, ably seconded by the two aunts. Life in Winchester was as a rule quiet, and our education and training progressed satisfactorily. To show how early "coming events cast their shadows before," in our play as children my brother was always the minister and I the doctor, the professions we followed in later life. We cousins were congenial, more like brothers and sisters than cousins usually are; we made many fine friends among the neighboring boys and girls and lived normal, healthy lives.

After Father had left us boys in Winchester, he returned for a short time to Natchez, but everything there had been so broken up by the War that when a call came to him from Andrew Jackson's old church in Tennessee, near Nashville, he accepted it. During the following three years he preached there and lived in the old Jackson homestead, "The Hermitage." Two of Andrew Jackson's nieces were still living there, and Father boarded with them. He used to speak appreciatively of these two old ladies and their kindly care of him.

The Hermitage was a beautiful old Southern brick mansion surrounded by a fine grove of trees. President Jackson's body lies buried in one corner of the grounds. Father spoke frequently of the mocking birds that made their homes in this grove. He was much impressed with the beauty of their singing. One bird in particular, he said, had its nest in a tree just outside his window, and used to sing there early and late, on moonlight nights for most of the night. As a child I

had been much impressed with this account. Many years later, after Father's death, I had occasion to go to Nashville and took advantage of the opportunity to drive out to The Hermitage and visit the place I had heard Father speak of so often. As I drove, in the late afternoon, into the grove surrounding the house, there was a mocking bird sitting on a tree close to the house, singing its heart out. It seemed almost like a message from the dead. Upon inquiry I learned that the very tree on which the bird was perched was just outside the window of the room that my father had occupied while he lived there—a striking coincidence!

At the time of my visit there was a party of visitors inspecting the house and grounds. Among them was a man, evidently a Northerner, who was greatly impressed by the manner and language of the darky who was acting as their guide around the premises. The darky posed as Andrew Jackson's body servant, but a glance at him and at the calendar rendered his assertion a bit doubtful, although he put up a good bluff. He laid great emphasis on the traditional characteristics of President Jackson, mainly his fondness for having his own way and the turbulent character of his life.

When we had reached President Jackson's grave, the gentleman very respectfully took off his hat and, standing uncovered beside the grave, remarked, "Well, I suppose the old General is at peace in Heaven at last."

At which the darky spoke up very quickly and said, "'Deed, boss, I don' know wether de ol' Gen'ral am in Heav'n or no; but one t'ing I sho' does know, ef he done make up his min' to go dar, he dar!"

In the room my father had occupied while he stayed at The Hermitage, I was pleased to find a picture of him among some old photographs.

It seemed that we had been in Winchester but a very short time when Father, feeling we were too great a tax upon Grandma's strength, decided to take my brother and myself to our paternal grandfather's home in Churchville, Maryland, until he could get permanently located somewhere in the East. So it was that in 1871 we bade farewell to Winchester, to Grandmother Parker and the dear ones there, and came east to my father's old home. It was a sad leavetaking when we parted from Grandma, the aunties and the three dear girl cousins, once more to find a new home in an unfamiliar environment.

After an absence of some forty years, I went back to Winchester to visit the scenes of my childhood. With few exceptions all of my old friends had either died or moved away. The thing that impressed me most was that, although everything looked pretty much as I remembered it, it all seemed so much smaller than I had pictured it in my youthful mind. Everything, the house and yard, the street and the neighboring houses, all looked natural except that they appeared to be in miniature. But the visit brought back a rush of delightful memories of one of the dearest and best grandmothers that anyone every had.

During the time that I had lived in Winchester I was still too young to retain a lasting impression of more than a few people and incidents, one or two of which have been related. My time was chiefly taken up in going to school and in the other things that usually occupy a normal boy of that age. Among the families who formed our closest friends were the Miners, Browns, Kerseys, Watts and others, fine people all of them.

I still recollect the long, tiresome trip east. Either it was before the days of sleeping cars or we didn't take one, as I remember spending a long, uncomfortable night in the day coach. We broke the journey by stopping off at Indianapolis to visit some relatives.

Grandfather Finney's household at the time of our arrival in Churchville consisted of himself, my two bachelor uncles—John, who was a country doctor of the old school, and Charley, the one who in his earlier life had been affected by a severe attack of "wanderlust"—and a maiden aunt, Susan, together with innumerable dogs and cats. The dogs, of various sizes and breeds, belonged to Uncle John. The cats, of no particular strain, belonged to Aunt Susan. When Uncle John was around, which was not very often, as he was a very busy country practitioner, the cats discreetly retired and the dogs took possession. When Aunt Susan appeared on the scene, the reverse took place.

Aunt Susan ran the house. She was a decided personality with considerable talent for painting. She was not much used to children, nor did she seem to be especially interested in them, although she was kind to us. She went out very little except to church. Grandfather Finney, a kindly, dear old man, was very good to us. It would have been difficult to find four more unconventional persons than Grandfather Finney, Uncle John, Uncle Charley and Aunt Susan. Each one in his or her own way was a strong individualist with

greatly differing tastes and perspective. We boys never tired of the stories of Uncle Charley's adventures when we could get him in the mood to tell them. From my early association with Uncle John, I caught the inspiration that the life of a country doctor was the life for me, and I confess to a still lingering feeling of regret that circumstances conspired against carrying out my original desire.

After a short stay in Churchville at Grandfather Finney's, we moved to Aberdeen, about five miles distant, then a small country town, but during the World War transformed into a government proving ground for artillery, and now quite a flourishing military post. Father preached in the old Grove Presbyterian Church as a substitute for one year. My chief recollections of Aberdeen are that we lived in a small house, the parsonage, with an old colored mammy as cook and general housekeeper. She used to tell us many of the stories that Joel Chandler Harris later made famous in the "Uncle Remus" series. Here I first became acquainted with Brer Rabbit, Brer Fox, Brer Terrypin and all of the Uncle Remus family, who have been particular friends of mine ever since.

Our house was not far from the tracks of the Pennsylvania Railroad, which were in plain view. We boys were greatly interested in the trains, which we watched so closely that we came to know the number of each individual engine from its whistle as far as we could hear it. There was always great excitement when a strange whistle was heard, and a rush to the tracks to get its number. With envious eyes I used to watch the brakemen walking on the tops of the moving freight cars. To be able to do this was, at that time, the height of my ambition.

It was in Aberdeen that my brother and I raised Bantam chickens. They were not so numerous but that we could give each one a name, and in our childish enthusiasm we were sure they knew their names and would answer to them when we called. Great interest was aroused one day when, after one of the roosters had spent an unusually long time in one of the dust baths that the chickens frequented, an egg was found in the hole. On such evidence it was difficult to convince us boys that the rooster had not laid the egg.

We boys would amuse ourselves by going fishing, swimming and playing games of all sorts whenever we could get time off from school and other chores. I learned to skate on a shallow pond filled by the fall rains. After it had once frozen over, the ice in the center of the pond would settle a foot or so lower than that around the

edges. We would put on our skates at the edge of the pond, and, when we stood up, at once we would coast down hill to the center of the pond, sometimes with disastrous consequences. Many a hard fall was the result, but we persisted and finally learned to skate.

I recall the nightly visits of a whippoorwill, which during the spring and summer would come every evening, perch on a tree in our yard, and sing his peculiar song with great vigor.

Father used to take us with him frequently when he made his pastoral visits to the members of his congregation in the surrounding country. On one of these visits we were having supper at a farmhouse, and there were quite a number at the table. For some reason or other I was sitting on a stool instead of a chair with a back. Boy-like, I had at first devoted my time and attention chiefly to what was given me to eat. The table was heavily laden with dishes and food of various sorts. After I had satisfied my hunger, I leaned back, forgetting for the moment that the stool on which I was seated was minus a back. Over I went, and as soon as I felt myself going backwards, I kicked up my feet with great force in an effort to balance myself. My foot struck the table a terrific blow, upsetting dishes and food and messing things up generally, much to the consternation of everyone. Such incidents usually leave a lasting impression, as this one certainly did on me.

At the end of the year we left Aberdeen, such is the peripatetic existence of the average clergyman and his family, paid another short visit to my grandfather in Churchville, and finally settled in Bel Air, Maryland, for an extended stay. Bel Air, the county seat of Harford County, is well named. It is beautifully situated in the well-wooded and well-watered rolling country that characterizes that part of Maryland. Here Father became pastor of the local Presbyterian Church and remained so for about twenty-five years until his retirement. By his kindly, friendly interest in members of his congregation and their families, as well as in the residents of the community in general, he greatly endeared himself to everyone. During his pastorate, a beautiful new stone church was erected and still stands, a monument to his faithful service.

Bel Air was the birthplace of the celebrated Shakespearean actor, Edwin Booth, and of his brother, John Wilkes Booth, the assassin of President Lincoln. They were both born on the Booth homestead just a short distance from the town on the road to Churchville, where the Finney family had its start. It is related that Edwin Booth's

first appearance on the stage took place in amateur theatricals given in the Court House in Bel Air.

In Bel Air we lived in the parsonage, an old-fashioned combination stone, brick and wooden building, having been added to from time to time by sections. It was roomy and comfortable, and many happy days we spent there. Attached to the house was a yard and a large vegetable and fruit garden, which we boys came to know very well in the years that followed.

Shortly after our arrival in 1871 my brother and I were visited at our home by four boys who lived in the neighborhood, who had just dropped in to say "hello" and to look the new arrivals over. They were Frank Jacobs, Kemp Butler, and the two Greenfield boys. It didn't take long for us to get well acquainted and to become fast friends. To this group, as time went on, others were added, among them Lawrence McCormick and Richard Dallam. Many a happy day my brother and I spent in their company, swimming, skating, hunting, playing ball and the thousand and one other ways that healthy, happy, vigorous boys can always find to amuse themselves.

Father had decided ideas as to the proper way in which to bring up boys and how they should spend their spare time. He was gentle and kind as a woman, but a strict disciplinarian. There were many things we could do because it was right to do them, but there were other things we could not do because it was wrong to do them. To Father that was reason enough why they should or should not be done. He was a firm believer in the Biblical injunction, "Spare the rod and spoil the child." According to my recollection, it was not necessary to apply this rule often. The thoroughness with which it was applied on one occasion to my own person was a sufficient prophylactic to deter me from risking its repetition. However, we always felt that Father was just, though strict, which means everything to a high-spirited boy. As the darkies say, if a boy "is riz right," that is, if he is brought up to understand clearly the difference between right and wrong and all of its implications, he will willingly take all that is coming to him and let "the punishment fit the crime." But let the same boy feel that he has been punished unjustly and has not had a fair deal, then look out for trouble.

One of Father's fundamental beliefs was that there was nothing quite so good for a boy's general physical development and well-being as working in the vegetable garden, hoeing, planting, weeding, cultivating and harvesting the fruits and vegetables. The thing that

disturbed us boys was not so much having to work in the garden as the fact that, after we had labored and sweated to raise and gather all the vegetables and fruits, we were not allowed to sell them, but had to cart them around the town and give them away. Be it said, though, in justice to Father, they were given usually to the poorer members of his congregation and friends.

I used to think that if I ever grew up and had children of my own, I should not treat them so cruelly as to make them work in the garden. However, I have since changed my mind. As I look back over my training, I am convinced this was one of the most important parts of it. Every day we had a certain task in the garden assigned to us. This had to be completed, inspected and pass muster before baseball, swimming, fishing or anything else could be considered. If on inspection the work done was not up to the standard, an additional task was assigned as a penalty. If for any reason we were in an especial hurry to get through, we could enlist the help of our boy friends, but their work had to pass the same severe test as our own before we were free to play.

When we first came to Bel Air, we had to walk several blocks three times a day to our meals, but my brother and I thought it well worth while, since the lady who kept the boarding house knew very well what appealed most to a hungry boy's appetite, and she applied the knowledge well.

We had many boy and girl friends in those days. They were an unusually fine lot. Lawrence McCormick was perhaps our closest friend. My brother and I used to spend many delightful days and nights on the McCormick farm, "Poplar Grove," just outside of the town. My father married Elizabeth, the oldest McCormick daughter, who thus became our stepmother and the third of my four foster mothers. She was a real mother to us, and helped Father to provide a delightful home for us. She was the mother of a little girl and a boy, both of whom died early, to the great grief of us all.

James Monroe, my half-brother, who lived to the age of twelve, was an unusually bright and attractive child. Unfortunately, he was more or less of an invalid the greater part of his life. He had as his nurse a typical old colored mammy, Aunt Millie by name. I remember what fun it used to be to watch the antics and listen to the conversation that went on between these two. They were devoted to each other, and no one ever had a more willing slave than she was to him. All the time she was not occupied with Monroe, she was

knitting, which she seemed to be able to do as well with her eyes shut as with them open, as she was nearly blind. Indeed, I have often watched her sitting there with her eyes closed, either nodding or with her head hanging down, apparently asleep, but with her fingers still busy with her knitting and not dropping a stitch.

In Bel Air our schooling took the bulk of our time, but we had plenty left for all kinds of sports. In addition to helping Father with the gardening, my brother and I did all the chores about the house; cutting the grass, cleaning off the snow, currying and caring for Old Fanny, the family horse, cutting and storing the wood. For some time I had noticed a curious phenomenon distressing to me, which no one could then satisfactorily explain; namely, every time I curried Fanny, I would be seized with a violent attack of sneezing, coughing and irritation of the nose and eyes, symptoms which we now recognize as "allergy." In other words, I had what is commonly known as "horse asthma," a condition similar to "hay fever." In order to avoid being subjected to a recurrence of this disagreeable experience, I would trade with my brother and agree to do almost anything to keep from currying Fanny.

One day a dreadful catastrophe was narrowly averted. My brother and I were splitting wood out at the woodpile. I was handling the axe. My brother was sitting on the end of a log facing me and leaning forward, holding the stick that I was to split. I gave a tremendous heave with the axe, and in doing so, leaned too far forward and caught the top of my brother's head with the rounded corner of the axe, cutting a gash several inches long through his scalp down to the bone, escaping by the narrowest margin from splitting open his skull. I was devoted to my brother and can never forget the horror which filled me as I looked at the bleeding, gaping wound in his scalp. Fortunately, the wound healed promptly, and no harm was done beyond leaving a permanent part in his hair at about the right place.

In those days before the chestnut blight had killed off all the chestnut trees, which used to abound in that neighborhood, chestnutting in the fall of the year was a great sport. We gathered them by the bushel, stored them and sold them.

In the winter time, skating and coasting were the sports which delighted us most. One night we were coasting down a steep hill out at the McCormicks'. We had an old dilapidated one-horse sleigh to which the shafts were still attached. We would drag the sleigh

up to the top of the hill, all pile in and then coast down, holding the shafts in the air by a rope attached to them. That night we were going fast, the sleigh struck a bump, the boy who was holding the shafts let go of the rope, the shafts dropped and stuck in the snow, and over we went. As I shot through the air I wondered just what part of my anatomy would meet the frozen surface first, but beyond a few bruises no harm was done.

I still recall with a shudder the grinding shock I experienced one day when diving in our swimming hole. I went too deeply and struck the top of my head on a sharp rock in the bottom of the pool, cutting a gash in the scalp, the scar of which remains to this day.

One experience made a great impression on me and has resulted, I think, in real benefit to some of my patients in later years. This was my experience with scarlet fever. Those were the days when the treatment of scarlet fever, indeed of all fevers, did not allow the use of water except in very small quantities. I was perishing for a real drink of water. My fever was high, my throat was sore, and I was covered with a rash and altogether miserable. My pleas for water were constantly denied. In the country there were only water pitchers and basins for toilet use in each bedroom. Finally I reached the point where I felt I just had to have a good drink of water or I should burn up. Knowing that the water pitcher on the washstand was full of water, by a ruse I got my nurse out of the room, and as soon as she had gone, got out of bed, made my way to the washstand and drank my fill of water, very much to my personal satisfaction, and as subsequent results showed, to the improvement of my physical condition as well. This ruse was repeated more than once, and the consequent improvement, the cause of which was unknown except to myself, was the subject of favorable comment on the part of my attending physician. Ever since beginning the practice of medicine, I have borne this experience in mind and have been generous to my fever patients with good, cold water.

My brother and I first attended the local public school. Then, as our education progressed, we transferred to the Bel Air Academy, which had a deservedly good reputation throughout the State. Here we were fortunate enough to come under the influence of a group of teachers of more than ordinary ability, John D. Worthington, William H. Harlan, and James A. Lyle. Among these there stands out in my memory Professor William L. Baird, to whom I am indebted perhaps more than to any other for help and guidance,

as well as instruction, in preparing me for college. He was an interesting man and an excellent teacher. Unfortunately he was taken ill shortly before I left Bel Air to go to college. He had what was diagnosed at that time as "inflammation of the bowels" and died after an illness of a few days. That was before the days of trained nurses, and as he was a bachelor and lived in a boarding house and I had always been interested in things medical, I volunteered to help nurse him and was with him much of the time until his death. I know now from watching the progress of his illness that he undoubtedly died from acute perforative appendicitis, since the clinical picture that he presented, as I recall it, corresponded very closely to what we know now to be that disease.

Occasionally a circus would come to Bel Air. One such occasion, although most embarrassing at the time, I now regard as one of the most fortunate experiences of my youth. Several of us boys, knowing the circus was coming, had saved up our pennies and pooled our resources, so that we had accumulated enough money to buy our tickets and also to lay in a plentiful supply of the things invariably associated with a circus and so dear to the small boy's heart, or rather to his stomach, such as peanuts, popcorn and circus lemonade.

After we had bought our tickets, which we did first to make sure that we should have them, and had filled up to capacity on the peanuts, popcorn and circus lemonade, we still had a few pennies left, which were "burning holes in our pockets." The only thing to buy that we discovered was some large, very black cigars. After consultation, we decided to invest in these. So, each armed with a cigar, we retired behind the tent, in order that our respective families would not find us, and proceeded to light up. It was not long before the other boys, one after the other, discontinued smoking, but I suppose my Scotch blood came to the fore, and I insisted on getting the worth of my money out of my cigar. Presently I began to experience a peculiar sensation, the significance of which I didn't recognize, but I still persisted in smoking. Before long I began for some strange reason to lose interest in the circus, and then, to my great chagrin, I lost my peanuts, popcorn and circus lemonade, and for the time being passed out of the picture. I never did get to the circus and was able only with difficulty finally to reach home.

My good father often made the remark that his stomach had "an excellent memory." I must have inherited this characteristic, for to this day I can not forget how that cigar tasted or what it did to me.

If I could, I might be tempted to try smoking again, but the recollection of that occasion is so indelibly fixed in my memory that I have never dared try.

By this time my brother and I were old enough to begin to appreciate what a really wonderful character our father was, gentle, kind and helpful to those in need of help, and yet unyielding in matters of right and wrong. He was father and mother both to us boys in those early days in Bel Air, a wonderful inspiration and example to us, and indeed to everyone who came into contact with him. I never, in all the years in which I was associated with him, heard him speak unkindly of anyone. He used often to say to us, "If you can't speak well of someone, be sure that you speak no ill; so you had better keep your mouths shut."

In addition to Father's pastoral duties in his church at Bel Air, he preached once a week in Fallston, a village about five miles distant. Since those were the horse-and-buggy days, he would drive old Fanny over on Sunday afternoons and hold the service. Usually one or both of us boys would accompany him. These trips furnished the occasion for many a quiet little talk, the memory of which lingers still. For some time these Sunday afternoon preaching services were held in a house which had formerly been a saloon, but as an outgrowth of them, a church was organized and built and is still in active operation.

Bel Air was noted for the many delightful families who contributed much to the social charm and educational life of the place. To mention just a few of those who have contributed many distinguished members to the learned professions and business, locally as well as in various parts of the country; there were the Websters, McCormicks, Mitchells, Archers, Scotts, Farnandises, Dallams, Van Bibbers, Hopkinses, Richardsons, Lees, Watters, Williamses, Harlans and many others.

I fancy that every town and village has certain interesting personalities whose varying characteristics add much to the life of the particular locality. I recall an old lady in Bel Air, the grandmother of one of my closest boy friends, who used to entertain us with the most extraordinary stories. We were thrilled with her recitals of strange events, which she insisted had occurred in her own experience.

She told us one story of a friend who had come to visit her in her home. During her stay the visitor had gone down into the

cellar in search of some object. While she was down there, her hostess had heard a peculiar sound, different from anything she had ever heard. It suggested more than anything else the snapping of a tense violin string. On investigating the cause of the peculiar sound, she found her friend lying dead on the cellar floor, and knew at once that the peculiar sound she had heard was "the breaking of her friend's heart strings." This explanation was accepted without question by us children.

Another of her stories was about her grandson, my friend. He had climbed up on the roof of the house in order to dislodge his kite, which had caught on the corner of the roof. While there, in some way he slipped and fell to the ground, just where there were two large boulders fairly close together. He went headlong between these two boulders with such force that his head wedged between them so tightly that before it could be dislodged, the rocks had to be dynamited, apparently without injury to the boy. Of course it meant a good deal to us to know personally the hero of such a tale.

One more of her stories: she was awakened one night by an unusual noise. She got out of bed in order to investigate, and as she did so she dropped her glasses. Stooping quickly to pick them up, she was struck in the face by the fingerlike projection which always appears on the uprights of the little old-fashioned straight-backed rocking chairs that belonged to our grandmothers. This caught her just under one eye, gouging it out. The eye fell to the floor, and she got down on her hands and knees and groped around for it in the dark. When she had finally recovered it, she took it to the wash basin, rinsed off the dust and dirt and inserted it in its socket. All this was done in the dark. She then investigated, and finding no cause for the noise that she had heard, she went back to bed and slept the rest of the night. What was her consternation the next morning when, upon looking at herself in the mirror, she found that she had replaced the eye crooked! However, she thought it best to leave it as it was rather than to take the risk of removing it again. This she gave as the explanation for the evident cast in one eye.

Another interesting character was an old gentleman I met on the street one day when I was home on vacation from Princeton. I had known him for many years and stopped to speak to him. He recognized me, and calling me by name, expressed his pleasure at seeing me again. In response to my inquiry as to how he was, he replied,

"Well, Johnny, I'm feeling pretty well under the circumstances, but oh! I'm getting so old, so old."

"Why," I said, "Mr. J——, you aren't so very old, are you, sir?"

"Oh, yes, I am," he said. "Do you know, Johnny, how old I am?"

"No, sir," I said, "but I didn't think you were so very old."

"Why, I'm 675 years old."

"Impossible!"

"Oh, no, it isn't. I'm 675 years old," he repeated, "and I have only one thing left to live for, and that is to beat that damned Methuselah!"

Whether or not he had that satisfaction, I do not know. I subsequently learned that for some time the old gentleman had had "delusions of grandeur" with regard to his age.

My brother and I were a congenial, devoted pair of brothers. I don't remember that we ever quarreled. I always looked up to him, I suppose because he was older than I, and I always found him helpful in every way. He used to help me out with my lessons, as I must admit he was a better student than I was. This habit of looking to him for guidance and help has continued through life. Of course, our paths have since been rather divergent, his as a minister and mine as a doctor, but constantly questions have come up about which I have obtained great satisfaction from consultation with him.

But at last our boyhood days were over, and college time had arrived. Reluctantly and yet with great enthusiasm and high hopes we left Bel Air and its delightful memories and associations and went on to Princeton.

III. COLLEGE DAYS AT PRINCETON

BEFORE GOING to college I had heard a great deal of Princeton, especially through friends of mine who had been graduated from there and who were enthusiastic Princetonians, loud in their praises of the University and everything connected with it. Then too, my grandfather William Finney had been graduated from Princeton in 1809, and my father from the Princeton Theological Seminary in 1849. My brother, who preceded me by a year, had already entered and was a student there; so I was prejudiced in Princeton's favor from the beginning. But when the time came to consider the question of my going to college, it was not so much where I should go, for that had already been settled in my own mind, as how it was to be accomplished. As Father was a poor country minister on a small salary, usually in arrears, there did not seem to be much chance of my going to college and then studying medicine, which was my chief ambition in life, unless I could somehow work my way through both college and medical school. My brother, who was the eldest son, wanted to study for the ministry; so naturally, and rightly so, he had first claim on what little financial aid Father could render. The wonderful generosity of my fourth foster mother finally solved the problem.

It was while living with Grandma Parker in Winchester that our fourth foster mother, Aunt Lizzie, as we always called her, though there was no blood relationship between us, first came into the lives of my brother and myself. Her name was Miss Elizabeth H. Train, and her home was in Haverhill, Massachusetts, where she was born in 1843. Her father was pastor of a Baptist church in that city. He later moved to Newton Center, Massachusetts, where he became Professor of Homiletics in the Newton Theological Seminary. It was in Haverhill that my mother and Aunt Lizzie came to know

each other. They were devoted friends in high school, a schoolgirl friendship which lasted throughout their lives and extended even to the next generation. Of this friendship my brother and I, especially myself, were the beneficiaries. Even in our earliest childhood Aunt Lizzie would write to us occasionally or send us presents on our birthdays or at Christmas. However, we had never seen her until she came to visit us in Winchester. Then in her early thirties, she was a little below average height, slender, with beautiful brown eyes and a soft voice, and altogether most charming and attractive. To me she was one of the most angelic persons I have ever had the privilege of knowing. During all the years subsequently that I lived in her home, never was an unkind word spoken or a reproof uttered. I am sure that I must have needed it many times, but it was never forthcoming. After we went to Bel Air to live, she visited us again once or twice, and we went to visit her in Haverhill.

Aunt Lizzie, appreciating the financial difficulties which my schooling presented, came to see Father and insisted that she should be allowed to provide the means for me to go to college and that, after I had finished college, I should come to Boston to live with her and enter the Harvard Medical School. What else could Father do but accept her generous offer of assistance? So it was that I, the son of a poor country clergyman, was able to enjoy extraordinary privileges. While my brother and I were in Princeton, we had the pleasure of an occasional visit from Aunt Lizzie, and from this time on we kept up a brisk correspondence with her, and she added greatly to our comfort by timely contributions of articles of all kinds dear to a boy's heart.

With regard to the question of where I should go to college, Father at first rather favored my going to Johns Hopkins University and taking the so-called "Preliminary Medical Course," which was offered at that time for students contemplating the study of medicine. It seemed for a while as if this might be the better plan, but in looking into the entrance requirements, I found that I was not sufficiently well prepared in the required subjects to enter that fall. This was not discovered until it was too late to enter Princeton, as Hopkins opened later. Upon looking further into the matter, I was sure that I could, with the aid of a tutor, enter the sophomore class at Princeton the next fall, and thus save a year. It was finally decided to do this; so I tutored that year with Professor Baird of the Bel Air High School, and thanks to his excellent work, was able

to enter the sophomore class at Princeton in the fall of 1881 without conditions.

Since the sophomore entrance examinations were at that time all oral, I went around from one professor's house to another, and thus made my first acquaintance with a number of the professors I afterward came to know and greatly admire. The first one I visited was Professor William A. Packard, Professor of Latin. As I had always liked Latin and had never had any difficulty with it, I got along very well in that subject. Anyone who has gone through Princeton under Professor Packard will recall that he always kept the most perfect order in his classroom. At the slightest suspicion of disorder, he would quietly look over his glasses in the direction of the offender, and instantly that quarter of the classroom froze. I cannot recollect his ever uttering a word of rebuke to a student because of disorder. It never was necessary. Everyone wondered just what he might do or say if the noise continued, but no one was brave enough to try to find out.

Professor John T. Duffield of the Mathematics Department was next on my list. I went to his house with fear and trembling, as mathematics was always an unknown quantity to me and has remained so ever since, but I found Dr. Duffield so kindly and helpful that he almost made me think that I really did know a little something about mathematics.

I then visited Professor S. S. Orris. I didn't do so well here because Greek never appealed to me, but I managed to get through. Dr. Orris impressed me as being a very ladylike gentleman, and I was not surprised later to learn that his nickname among the students was "Sissy" Orris.

In English I met Professor Theodore W. Hunt, affectionately called "Granny." As English had been one of my good subjects, I didn't have much difficulty with that.

I don't recall any of the others I saw at that time except Professor Joseph Kargé in Modern Languages, who impressed me as being somewhat out of the ordinary. He came to Princeton with a distinguished military career behind him, in Poland I think. He conducted his classes along military lines. When a student was called upon to recite, if he answered quickly and at the top of his voice, he always received credit at least for that, if not for the subject matter of his reply. On the other hand, if he was a little slow and spoke softly, he would receive frequent proddings from the "General"

(as he liked to be called, rather than Professor). Although his classes were interesting, I never felt that I received a great deal from them.

Later on in my college course, Professors West, Atwater, Macloskie, Brackett, Murray, Sloan and Patton were the men who left the deepest impressions. Dear old "Dad" Atwater, as he was called by the boys, died while I was in Princeton. I recall that Job Hedges and I were sent to Philadelphia as a committee to secure a suitable floral tribute from Whig Hall, of which "Dad" Atwater had been an honored member.

During our senior year, Dr. Patton, afterward President of the University, but then a professor at the Seminary, gave us a course in philosophy to help fill in Dr. Atwater's place. Dr. Patton was an interesting lecturer, but it was evident from the beginning that he had not been accustomed to speaking to college undergraduates, for the subject matter of his lectures was so far over our heads that in the final examination the entire class, with the exception of a half-dozen confirmed "polers," was conditioned. The incident created so much comment that the faculty requested Dr. Patton to give passing grades to the entire class, which he did.

To one brought up as I had been in the quiet and restraint of a country parsonage, the lack of restraint and the freedom of speech and action, so characteristic of American college life, were rather shocking at first, so much so that it took me quite a while to become oriented. In our classrooms and in chapel our seats were assigned in alphabetical order. It so happened that my seat came right in the midst of the toughest bunch in the class; so the early education I received was not entirely confined to what I got out of lectures and textbooks; it was far more liberal than that. However, in due course of time the worst offenders dropped out one by one, and I came to differentiate my classmates and college acquaintances, to pick my friends and intimates, and to form friendships which have lasted for over fifty years and will last as long as life itself. Although it is true that there were some loafers in our class, the great bulk of it was composed of splendid men whom it was a real privilege to know intimately.

Many students in those days of compulsory chapel, both morning and evening, objected strenuously to both and urged that attendance should be made voluntary. Undoubtedly, both theoretically and practically, the attendance at religious services is better left to the choice of the individual, as is the custom today. Surely attendance at chapel

should never be made a disciplinary exercise. But as I look back upon my experiences in college with compulsory chapel and its effect upon me and my college mates, I am not at all sure but that, under proper supervision, it is a good thing to expose, even arbitrarily, the susceptible minds of the growing youth to the wholesome effect of religious instruction, as offered in a short, carefully arranged daily chapel service.

I was at Princeton during the early eighties when Dr. James McCosh was President of "me College," as he called it. Dear old "Jimmie," as we familiarly called him, was a truly extraordinary man. With what real affection do I still regard him after more than half a century! He had one of the handsomest faces I have ever seen; indeed, I have always thought that he and his good wife were the handsomest old couple I have ever seen, and they were just as lovable as they were handsome. He called his wife "Isabel," and, with the utmost respect and affection, so did the boys.

No one could live in the same town with Jimmie for any length of time without having in some way and to a certain degree Jimmie's impress left on him. He was so human, so kindly, so approachable, that you felt instinctively that you were in the presence of a real man, who could be trusted as a friend. Many were the stories told illustrative of Jimmie's idiosyncrasies and peculiarities. Although the boys enjoyed hugely the funny incidents that were constantly occurring and laughed heartily at them, yet everyone of them truly respected and loved him for the kindness and consideration that characterized his relations with the boys, and for the mercy that ever tempered the justice he meted out. I wish there was space enough to relate many of the funny incidents that happened in Jimmie's classrooms, at evening chapel and elsewhere, but a few of the more characteristic of those that happened when I was present will have to suffice.

One of the incidents that tickled the boys' fancy more than anything else was the idea of Jimmie's getting fleeced at cards. In those days we had both morning and evening chapel. Morning chapel was usually rather perfunctory, as many of the boys were apt to be sleepy, and some of them hungry. But evening chapel was usually different. If anything of interest had happened or if there was any matter about which Jimmie wished to talk to the boys, evening chapel was chosen as the favorable time for such heart-to-heart talks. Once, after some of the boys had been up before the faculty for

playing poker in their rooms, and as a result had been rather severely dealt with, Jimmie, after a few preliminary remarks as to the heinousness of the crime of playing poker, said that he would emphasize what he had to say on the subject by relating an experience of his own. He then went on to tell in his inimitable Scottish accent how on one occasion while he was in college, he had been "led astray" by some of the older boys, who had induced him to join in a game of cards. He regretted still further to say that it had happened on one Sabbath afternoon and that, after playing most of the afternoon, he had "left the room a sadder, a wiser, and a *poorer* man," with much emphasis upon the word "*poorer*." It was evident that though the incident had happened many years before, Jimmie's Scottish blood still bitterly resented the fact of having lost money under such distressing circumstances. This was too much for the boys, and his story was greeted with loud laughter. Then Jimmie became quite indignant and kept us overtime while he gave us an extended moral lecture on the sin of such undue levity.

Jimmie, in announcing the hymns to be sung during chapel, had a way of reading the first line of the hymn before giving the number. One cold damp evening in winter, when everybody was feeling anything but cheerful, he stood up to announce the hymn, opened his hymn book, and then blurted out, "I was a wandering sheep." That was too much for the boys, and instantly, before he could give the number, a loud laugh greeted his announcement. He looked up astonished, and then repeated the line: "*I was* a wandering sheep." Then pandemonium broke loose. Jimmie shut his hymn book and for the next ten minutes gave us a lecture upon how sacrilegious it was to laugh in chapel.

During my junior year, the college was visited with a marked epidemic of mumps. My roommate, "Pete" Parmly, and I both came down with it at about the same time. We were both in bed in our room, since at that time the University had no infirmary. Dear Mrs. McCosh was kept busy visiting the sick boys. How she managed to climb all of those stairs to see them and to bring them something nice to eat, as she did to us, I don't know. It must have worn her out. The Isabella McCosh Infirmary, which was built later, was well named after her. Jimmie too would go around and see the sick boys. When he came in to see us, he was very pleasant, joked with us about mumps and other things, and after sitting and talking for a few minutes, he got up and said, "I must be going now, but before

going, I'll have a word of prayer with ye." So saying, he kneeled down beside my bed, and in the course of his prayer used the following petition: "We beseech Thee, dear Lord, to forgive the sins of these Thy young servants, which they have committed in time past, for which Thou hast now temporarily laid them aside." In after years in the Medical School, when the subject of mumps was under discussion, I told my medical instructor that I had learned while in college from no less an authority than President McCosh the true pathology of mumps; namely, the visitation of Providence for sins previously committed.

Jimmie's method of greeting students both old and new was quite original. While on our wedding trip, Mrs. Finney and I stopped over in Princeton. She had never met Dr. McCosh, and I was anxious to have her do so. We were walking across the campus when I saw him coming toward us. As we went up to him, I took off my hat, purposely not mentioning my name, and said that I wanted to have the pleasure of introducing him to my bride. Jimmie looked at me for a moment and then said in characteristic fashion, "Come away, sir, I know ye. What's your name?" I told him my name. "Huh," said he, "ye played football. I told ye I knew ye."

"Yes, Dr. McCosh," said I, "I am afraid that is my only title to fame in Princeton."

Then turning to Mrs. Finney, Jimmie said, "Huh, and where did he pick you up?" This was a little disconcerting to her at first, but she was so charmed with him that she overlooked the possible implication of his question.

Jimmie's reputation with the boys who got into trouble was that no matter what your offense, so long as you told the truth and confessed your sins, you would get another chance; but woe unto the fellow who was caught lying. That was the unpardonable sin for which there was no adequate excuse and no comeback. Jimmie was an excellent teacher, and his classes were always interesting, stimulating and instructive. Whenever Dr. and Mrs. McCosh went out for a walk around the campus, she was always eight or ten paces ahead of him, and he followed after her like a dog, with his hands stuffed down in his coat pockets and his head slightly bowed, as if wrapt in deep thought. Our class, the Class of '84, elected Mrs. McCosh an honorary member, and at our reunions we always called upon her in a body, and were graciously received by her. Our class entered college immediately after the epidemic of typhoid fever in 1880.

For this reason it was smaller in numbers than the average. However, we always claimed that it made up in quality for what it lacked in numbers. We were a congenial group, and there were few, if any, cliques to disturb the class harmony. Many members of the class have risen to fill with distinction various high positions in society. At our fifty-fifth reunion, out of forty-four men who were still living, twenty-three were present and answered to their names in the roll call, a truly remarkable record.

I can not forbear mentioning a few who achieved distinction in their chosen professions. In scholarship "Gandy" Reeves and Kelly Prentice were the highest honor men, but they were not alone in the matter of brains, and Gayley, Harper, Butler, Jelke, Baldwin, Todd, Hobbs, Hedges and others ranked high. Job Hedges was our outstanding orator, for even in those days he showed evidence of the gifts in this direction which he demonstrated in later life. John Forman had a distinguished career as a missionary in India. John Harlan too showed characteristics which stood him in good stead; he became a determined fighter for what he thought was right in municipal politics in Chicago. Curiously enough, Atlee Pomerene, the only member of the class to become a United States Senator, was known by the nickname of "Senator" during his college course. In teaching Harper, Smyth, Baldwin and Robinson shone. Ned Bradley founded a school for poor boys near Chicago, which did excellent work. Burr McIntosh was the sole member of the class to follow the stage, where he made for himself a national reputation. In music Billy Nassau achieved quite a reputation. In athletics Alec Moffat, John Harlan and "Balls" Kimball were particularly brilliant stars. Although I knew well and felt very close to all of my classmates, the one I knew best was my dear friend, George Harper. As author, teacher and literary critic he ranks very high, but as a charming companion and friend he has few equals.

My good father had impressed upon me when I left home for college the advisability, indeed the necessity, of devoting my whole time and attention to my work, since he was in no position to help me financially, and I should therefore be entirely dependent upon my own efforts for success in after life. The generosity of my good "guardian angel," Aunt Lizzie, constituted another incentive to devote my time and attention to my studies, which I did conscientiously. I soon found that I could without difficulty keep up with my work and make good grades in every subject except one, mathematics,

which, no matter how hard I tried to understand, has always remained to me an "undiscovered country." I have heard Sir William Osler remark that he knew only enough mathematics to convince him that there was "something rotten in it," but he never could learn enough about it to find out just what it was. This expressed my sentiments exactly.

There was a college rule at that time that mathematics was optional after the sophomore year; so I knew that if I could only pass my sophomore mathematics examination, I should be all right for the rest of my college course. My inability to do anything in this subject worried me so much that it began to affect my work in other subjects. I had come to know Dr. Duffield, the head of the Mathematics Department, as an old friend of my father's. I went to see him one day shortly before the end of the term to ask his advice as to what I had better do. He received me kindly, heard my story, asked me a few questions, and then did something which has always impressed me as showing an extraordinary degree of good, plain common sense.

"John," he said, "I have received the impression from this interview that you are greatly worried over your mathematics, so much so that it probably interferes seriously with your other work."

"Yes, sir," I assented, "it certainly does."

"What do you expect to do upon leaving college?" he asked.

"Study medicine," I replied, "if I ever get through mathematics."

"Well," said he, "I don't believe you will need much mathematics in the practice of medicine, will you?"

"I hope not, sir," said I, "as it would certainly spoil it for me if I did."

"Well, John," said he, "now strictly between ourselves, you go on back to your room and stop worrying. Take the final examination when the time comes, do the best you can, and you may count upon a final grade of eighty in mathematics."

To say that a load was thus lifted off my mind is putting it very mildly. From that time on, with mathematics assured, I could do justice to my other studies, and I did.

Athletics had always interested me greatly all my life; so when the time came for the annual "cane spree," I went into it with great enthusiasm, but with little training. However, I managed to take the cane from my opponent without great difficulty. Bearing in mind my father's injunction to devote my time and attention to my studies,

I did not go out for the football team in my sophomore year, but learned the rudiments of the game by playing on the scrub and on my class team. But I had been doing some thinking on the subject, with the result that during the summer vacation I told my father how anxious I was to play football and proposed that if he would agree to my playing regularly and trying to make the varsity team, I should agree to work hard enough to graduate on the honor list (those students who made a grade of eighty or over in every subject). Father thought this was fair enough; so the agreement was made.

I had carefully considered the matter of my previous grades and was sure that I could fulfill my part of the contract, but I hadn't taken into account just how much time organized athletics would take. Toward the end of my senior year I found that my grades had been materially affected by the time off from studies required by athletics. I never studied quite so hard as I then did to make good my agreement. I felt a degree of apprehension until the final marks were posted and I found with great relief that I had come under the wire all right, and that my name was listed with the rest of those whose marks were eighty or over.

I began my football career at Princeton in my sophomore year by making my class team. The most important game we played was against Chester Military Academy in Chester, Pennsylvania. I remember that game particularly because of a rather unusual incident. Johnson Poe, eldest of the famous Poe brothers, and I tackled a big fellow who was playing on the Chester team. He was running hard when we both got him at the same time. I must have been running with more momentum than Poe, for we all went down in a heap, with Poe, the smallest of the three, under man. As he hit the ground, my head was very close to Poe's shoulder, and I heard a distinct snap like the breaking of a stick. When we got up, Johnson was holding his arm and said something had happened to it and he thought that he had broken his collar bone. Examination showed that this was what had happened, and the snap I had heard must have been the breaking of the bone.

The next year I started in to play football in earnest. I devoted a good deal of time and thought to it, and it wasn't long before I had made the team. There are few experiences in life I have enjoyed more than playing football. I had inherited a strong body and a rugged constitution; the more vigorous the exercise, the more I

enjoyed it. I am rather proud of the fact that during the three years I played, I never missed even a practice game because of injuries. I have always felt that football is one of the best games ever played because it utilizes everything one has. There is a great deal of hard work about it, and a great deal of skill required in the use of hands, feet and body. It is undoubtedly a rough game at times, and requires the players to have strong bodies and to keep them in good physical condition in order to be able to give and take hard knocks. Perhaps more than any other game that I know, it requires not only individual skill and ability, but co-ordinated mass play as well.

One important lesson that one learns from athletics, especially football, is how to take hard knocks, and when occasion requires, how to give them too. Self-restraint along all lines, so hard to acquire, is a "sine qua non" in order to be successful in any form of athletic sport. The qualities necessary to insure success in athletics are quite as necessary in positions of responsibility in after life; courage, brains, agility of mind and body, ability to think on one's feet, thoroughness, application, diligence, honesty, determination—all of which are summed up in that good old English word "guts." The athlete who has this quality in goodly measure, as well as the professional or business man, must always be reckoned with wherever found.

In addition to the personal satisfaction and enjoyment derived from playing the game, it gives one the opportunity of coming really to know one's fellow players and opponents as well. When one has played football opposite a man for an afternoon, by the time the game is over one feels pretty well acquainted with him. I personally have reason to feel greatly indebted to football, as I shall show later on, for the opportunities it afforded me to make pleasant acquaintances, who affected to a remarkable degree my whole subsequent career. It opened up opportunities and provided contacts for me which proved invaluable, and which, so far as I can see, I could have obtained in no other way.

When I finally made the varsity team, I'm sure that my father was just as much pleased as was I, indeed more so. He followed the results of the games with the greatest interest, and was highly elated whenever we won. We had some excellent players on our team, which was rather light, but active and alert. Our strong point was Alec Moffat's phenomenal kicking. He could punt or drop-kick equally well with either foot, a unique accomplishment. In the

Harvard game he kicked five goals, four drop kicks and one place kick, three with one foot and two with the other. (It fell to my lot to score the only touchdown made by Princeton. That was one of the worst beatings Princeton ever gave Harvard.) I know of no record in the history of intercollegiate football of anyone who could kick equally well with either foot, as Alec could. He used to insist that he was not conscious of favoring one foot more than the other, and that it depended largely upon the direction from which the ball came to him: if from the right, he kicked it with the right foot; if from the left, with the left foot. The same was true in the case of either a punt or a drop kick.

Of course our dearest foe was always Yale. There was an interesting tradition at Princeton that the ball with which the first game of football was played between Yale and Princeton in 1876 had exploded during the game. In later years, when I was on the staff of the Johns Hopkins Hospital, I verified this as a fact with my chief, Dr. Halsted, who had been captain of the first regular Yale football team. He told me that it was true that the ball had burst when a Yale player and a Princeton player had kicked it at the same moment from opposite sides. The game, which had been played at New Haven, had had to be adjourned until a messenger had been sent into town to buy a new football.

A good many years thereafter, I happened to be in New Haven attending a surgical meeting. At dinner that evening I was sitting next to a Yale man of rather advanced years, and the conversation turned to the subject of football. I was interested to learn from him that he had played on the first Yale team which Dr. Halsted captained. In reply to my questions, he corroborated the fact that during the course of the game the ball had exploded. He then went on to say that when the original ball had been cast aside after bursting, he had picked it up and had taken it home, and that he still had it in his possession. I asked him if his conscience hadn't troubled him in the meantime. He said it had because he knew that "to the victor belong the spoils," and that it was customary for the winner of a game to take possession of the football afterward. Since Princeton had won that game, the ball therefore belonged to Princeton. He said he had thought of leaving the ball to Princeton in his will, with a note as to the circumstances.

I suggested that he come down to Princeton or to New York with any friends that he might wish to bring as guests of the Princeton

Athletic Association for a dinner and a pleasant evening of reminiscences, and turn over the football to Princeton at that time. He was pleased with the idea, and it was tentatively decided that some time during the coming winter the dinner would be held, with Princeton as the host. Unfortunately, before this arrangement could be carried out, he was taken ill and died, but he left a note to the effect that the football should be sent to Princeton after his death. This was done, and it now occupies a prominent position of honor among the other athletic trophies in the gymnasium at Princeton.

The Yale-Princeton game of 1883, the year I made the varsity team, was played on the Polo Grounds in New York. Unfortunately for us, it had rained the day before, and the ground was wet and slippery, which put us at a great disadvantage, as we were much lighter than Yale and depended more on running and dodging than upon weight and strength; but we held our own very well in spite of the disparity in weight. The final score was one goal (from a touchdown) to nothing, in favor of Yale. There were only two points in dispute in the entire game: we felt that Yale's touchdown was illegal, that the man who made it was offside at the time, but it was allowed by the referee; we also claimed that Alec Moffat had kicked a goal from drop kick, which was disallowed by the referee on a technicality, but we accepted our defeat in good part.

In the course of the game, I, playing left end, had tackled and downed in orthodox fashion a huge Yale player, who was running with the ball and attempting to go around my end of the line. Evidently much disgruntled by this rude interruption in his progress toward our goal, as we were getting up from the ground, he made use of an uncomplimentary epithet addressed to me personally, and at the same time scooped up a handful of mud and smacked me full in the face with it, and not a gentle smack either. Had he hit me with his closed fist, I shouldn't have minded it so much, but to be smacked in the face with a handful of mud was too much. Quick as a flash I jumped to my feet and gave him all I had, not, however, with my open hand. The effect of the blow was entirely to my satisfaction, and there was no resumption of hostilities thereafter. As the referee did not happen to see it, no harm was done except to my opponent's face, and that was not serious. Believe it or not, although I admit that I had earned the reputation of being a hard, scrappy player, this was the only instance in my entire football career that I ever struck another player. There is all the difference in the world

between hard play and unfair play. I leave it to the reader to judge as to whether or not the provocation in this instance was sufficient to justify the action.

In the same game one of the Yale backs, an excellent running halfback, started with the ball on a wide sweep around my end. He was a fast runner, indeed faster than I was, and he had almost got by me when I saw that I could not reach him with both hands, and I knew that I couldn't stop him with one hand unless I could hook my fingers in his belt or in his neckband. All this went through my mind as I was running as fast as I could; so I made a flying leap forward and threw out my left hand as far as I could. I was fortunate enough to hook two fingers in the neckband of his sweater, and as I did so, with all the strength that I had I swung him to the ground. It knocked the wind out of us both. I recovered in a moment. When I did so, I saw the Yale man lying limp on the ground. For an instant I thought that I had broken his neck, but he presently came to with a groan and began rubbing his knee, which unfortunately had been so badly wrenched in the mix-up that he was unable to go on and had to be helped off the field.

It gives one a very uncomfortable sensation to feel that possibly one has inflicted a severe injury, even upon one's dearest foe. But after this Yale game, which was one of the hardest and most important that I have ever played, to show that there was no ill-feeling upon the part of the players, my opponent, the one who played opposite to me, and I traded caps, and I still have that cap as a treasured relic of bygone days. I am glad to say that he is still living and active, and I had word from him just a few days before writing this.

For some reason or other the reports of this game that appeared in the New York papers the morning after, were rather lurid. The New York *Sun*, as I recall it, displayed as the headline of its account of the game, "Finney, the Slugger." As a matter of fact, believe it or not, I got credit for a lot of slugging that was going on around me, and in which I had no other part than that of peacemaker by separating the combatants. We were all, on both sides, frequently engaged in tackling and pulling and pushing each other around, and while the game was rough, few actual blows were struck. The rivalry between the two teams was very keen, and strenuous efforts were made on both sides to win. Of course I received considerable notoriety as a result of the newspaper headline. About a week after the game,

among other communications, I received one from Richard K. Fox, editor and proprietor of the then well-known sporting weekly of New York, the *Police Gazette*. The letter read as follows: "Dear Mr. Finney; We are about to establish a gallery of photographs of the leading exponents of the manly art of self defense, among whom we may mention such celebrities as John L. Sullivan, Paddy Ryan, Tug Wilson and others. To this distinguished group we would be pleased to add your photograph if you will kindly send us one, or let us know where we can obtain one." I have since regretted that I was impolite enough not to comply with the request nor even to acknowledge it, so I missed an opportunity to have my photograph associate with the greats and near-greats of the pugilistic world.

At that period of intercollegiate athletics, rivalry between competing teams was so intense that slugging and rough play were not infrequent. This gave football a rather bad name for a time, until the rules committee, backed by public opinion, gradually eliminated the objectionable features. Now football has become one of the cleanest, and certainly one of the most interesting, sports to watch.

In addition to football I took up rowing, not because I cared particularly about it as a sport, but as a regular exercise during the winter months, when we worked on the rowing machines in the gym. This was just when rowing was at its lowest ebb in Princeton. In fact, our crew was the last one turned out until after the construction of Carnegie Lake. Before that time we had no place to row except on the canal, which was so narrow that we could with difficulty turn our four-oared shell, and then only at certain places. There was never any roughness or swell on the canal, the water being perfectly smooth and dead at all times. Unfortunately, as our races were always rowed on "live" water, we were thus put at a great disadvantage. The only reason I rowed on the crew was that, while rowing for exercise, I got on the crew before I knew it, and then couldn't get off. So few fellows tried for it that there was little or no competition. As a sport, rowing in a racing shell didn't interest me at all. There you sit with your eyes fixed on the back of the fellow's head in front of you and pull your heart out, and that's all there is to it. You must "keep your eyes in the boat," so you can't watch the race. Perhaps I was a bit peeved because I really wanted to play baseball, which I liked very much, and the rowing interfered with that. We won only a race or two all season, but we were usually in the running, which was not so bad considering everything.

I also wrestled, pulled as anchor on the tug-of-war team, and took my cane in the cane spree. Indeed my good father may not have been so far wrong in what he said once when I happened to overhear a conversation between him and one of his good old lady parishioners. At the time I was home on vacation.

"I see Johnnie is home from college," said she.

"Yes," said my father.

"How is he doing in college?" she asked.

"Well," answered Father, "so far as I can see he seems to be doing pretty much everything but study."

Though my extracurricular activities at Princeton were largely of an athletic nature, I used to find great interest and profit, as a member of Whig, in taking a more or less active part in various literary activities and debates. The two literary societies, Whig and Clio, were then very active, and there was intense rivalry between them.

In spite of all, I learned a lot, made a host of good friends, had a mighty good time, and stood well in my studies. I think I am safe in saying that I was a good average student, doing my work conscientiously and well, but I could make no claim to being brilliant, as judged by the taking of high honors and prizes. But I have always felt that I benefited greatly by my three years in college. I learned to know my own limitations, a most important lesson, to recognize what I could and what I could not do, how to use my faculties, how best to utilize my time, and, perhaps best of all, how to judge men. People have always interested me far more than things; that is why medicine as a profession, especially surgery, has always possessed such a fascination for me. The many contacts that were made with men of varied points of view, the discussions and arguments, the lasting friendships, the reading, studies and lectures, all tended toward broadening one's point of view and substituting a degree of culture for provincialism.

If I were a student at Princeton today, I should sadly miss much that gave charm and life to the old College of the early eighties as I know it. On the other hand, I should find in the present-day Princeton much of great intellectual interest and cultural value which the College of those earlier days did not possess. Each period has its elements of strength and weakness; for just as the old College was far from perfect, so the present College, from my vantage point of Trustee, presents a number of opportunities for improvement. Although the Class of '84, of which I was member, has had its Fifty-

fifth Reunion, I still retain a vivid mental picture of the Princeton of that day and of the unique personalities who made the old College the delightful place it then was.

It is interesting to look back now and try to evaluate the most potent influences and their effect upon my character. What stands out in my mind after all these years is not so much what I learned from my studies, but what I gained from more or less intimate personal contact with real human men, men who were sufficiently well educated themselves to appreciate true values in education and to stimulate in the minds of their students the desire to attain those values. We are all in a measure "copy cats." How often do we see reflected, unconsciously perhaps, in students certain idiosyncrasies of their teachers—it may be methods of thought, modes of expression, mannerisms, poses or what not. All of which tends to impress upon the minds of those of us who are teachers or who are in positions of influence how vitally important it is that we should conduct ourselves in such ways of thought and action as to make our influence count in the right direction.

Certain events for one reason or another stand out almost as landmarks as one reviews any period of his past life. One of these was the address delivered by President Grover Cleveland on the occasion of the Sesquicentennial at Princeton in my junior year. It made a deep impression upon me. The subject matter, as I recall it after all these years, was "The Duty of the Educated Man to Society," and the theme was "the obligation resting upon the man who has received a college education to return in some measure, at least, to society the benefits that he has derived from a liberal education." A rather hackneyed theme, someone may say, but the way in which President Cleveland handled the subject, the emphasis which he placed upon it, the intensity with which he pounded in his points, could not but impress each and all of us. His one gesture was to strike out with his right hand, his fist clenched, as if he were hammering in each succeeding point. It was an impressive occasion, not only to me, but to others with whom I talked, and if I mistake not, it was the real beginning of a long and fruitful association between Grover Cleveland and Princeton University. Certain it is that so far as I personally am concerned, my real interest in, and feeling of responsibility for, public affairs began with that address.

An amusing incident happened some time after this and serves to show how an unfortunate expression may be taken up by the audience

and turned to the embarrassment of the interested party. During President Chester A. Arthur's administration, he decided to send his son, Chester, Jr., to Princeton, and for some reason or other thought it might be a good plan to go down to Princeton with him. There was much excitement around the College when it was learned that the President of the United States was to pay a visit to the College and was to enter his son as a student.

When the President arrived, he was met by Dr. McCosh and taken to Prospect, the home of the University President. The entire College turned out to greet President Arthur and crowded on the lawn in front of the house, calling loudly for a speech. After some time, the President, accompanied by Dr. McCosh, appeared on the balcony amid great applause. After Dr. McCosh had introduced him and he had complimented Dr. McCosh and the College and thrown a verbal bouquet to the boys, he went on to say that he had so much confidence in Princeton and what it represented, that he had brought with him and was going to leave at the College "the dearest thing on earth." From that day forth, Chester, Jr., was known as "Dearest," a pretty big handicap for any college student.

From my college days I recall with great pleasure the occasion of "Jerry" Haxall's famous record-breaking kick in the football game with Yale in the fall of 1882. At that time he made a place kick for goal of sixty-five yards, an intercollegiate record which still stands unbroken. Any old football player will receive a thrill when he recalls that incident. Nor shall I ever forget the winning run made by "Tillie" Lamar at New Haven in the fall of 1884. In the last quarter of the game he caught, on the run, a Yale punt behind Princeton's twenty-yard line and ran the whole length of the field for a touchdown, skillfully eluding all the Yale tacklers. In those days there were very few seats available at a game, so most of the spectators stood around the edges of the playing field. I was at the Yale end of the field when Tillie came running down, and several of us, old friends of his, ran out on the field to meet him. We picked him up bodily and carried him around the field, during which time the game was suspended until the field could be cleared of spectators. Needless to say, the enthusiasm on the part of the Princeton crowd was boundless.

Finally, when commencement time came, I could not but be moved by mingled feelings of regret at leaving my college friends and associations, and of satisfaction at the thought of really starting

out upon my life work. Unfortunately for me, because of the death just at that time of my half brother, Monroe, I was prevented from attending the graduation exercises of my class and from receiving my diploma in person. Curiously enough, the graduation day of my class, June 20, 1884, happened to be my twenty-first birthday. I therefore reached my majority and received my diploma on the same day, truly a red-letter day for me.

IV. HARVARD MEDICAL SCHOOL

FROM MY earliest recollection the one thing, and the one thing only, that I had in mind as my life work was to study medicine. Nothing else really interested me. I never had to go through the trying experience so many of my friends have had of deciding what they should do. Aunt Lizzie's great kindness had provided the solution to all my difficulties, and in due course of time she and I were established in comfortable quarters in the house of her friend, Dr. Tarbell, on Boylston Street, where we lived throughout my medical course at Harvard.

Those years spent in Boston were happy ones, and it was then that I came really to know Aunt Lizzie, and to appreciate what a dear, good soul she was. One could not live in the same house with her for long without coming under the spell of her influence. She was one of the most unselfish persons imaginable, always thinking of other people and what she could do for them, and doing it often at great personal inconvenience to herself. Nothing was too much trouble for her, if only it contributed in some way to my comfort or advantage.

I also got to know members of Aunt Lizzie's family and certain of her friends, and through them made other delightful acquaintances. Not only were these years most productive in the way of receiving my professional education, but they provided the opportunity for further general education and culture by means of popular lectures, concerts, libraries, museums and interesting people.

Aunt Lizzie had been brought up a Baptist, and I a Presbyterian. I always went with her to Sunday morning service in her own church, the Clarendon Street Baptist Church, the pastor of which at that time was Rev. Dr. A. J. Gordon, an extraordinarily eloquent preacher. In the afternoons Aunt Lizzie usually accompanied me to

Trinity Church to hear Phillips Brooks. As a good Presbyterian, I found that the mixture of Baptist and Episcopalian preaching, which I received from these two distinguished clergymen, furnished excellent spiritual food for Presbyterian consumption.

One of the privileges I greatly enjoyed was the pleasure not only of hearing Phillips Brooks preach on Sunday afternoons, but also of making his acquaintance personally. One day I happened to meet him on the street near Trinity Church. We stopped and talked for a few moments, and before separating he pointed to a house in front of which we happened to be standing and remarked, "I never go by that house without smiling to myself, as I once had an interesting experience there. I was walking by just as now, when I noticed a small boy standing at the top of the steps and reaching up to pull the doorbell, which he seemed to have difficulty in reaching. Thinking to help him, I walked up the steps and said, 'Sonny, can't I ring the bell for you? You haven't grown tall enough yet to reach it.' He replied, 'Yes, thank you, sir.' So I pulled the doorbell rather vigorously. As soon as I had done so, he started to run down the steps and said, 'Come on, you better run like the devil. They might catch you. They don't like anybody to ring the bell!' I followed him down, and I must admit that I quickened my steps a bit in doing so, but fortunately we got away without being caught."

The medical students, my classmates and others, were on the whole a superior group of men, and I made many lifelong friendships. It wasn't long before I had singled out individual members of the class as particular friends. There were three men in my class whose companionship I especially enjoyed and whom later I came to look upon as among my closest friends John Walker, Myron Denton and Nat Hunting. We boarded together, studied together, played together and worked together in the laboratory.

I remember an amusing incident, which wasn't so funny at the time, however. We had had described to us in one of our lectures the uses and manner of application of what was known as "dry cupping." The method was described to us without illustration. We were told that the procedure was to put a little alcohol in a glass, light the alcohol and let it burn out, and then while the glass was still hot, apply it quickly to the part where the cup was needed. Just about this time John Walker got a pain in his stomach. The rest of us held a consultation and decided that a dry cup was indicated, but since John's abdomen was rather expansive, a cup of the size sug-

gested to us would be as a drop in the bucket. After some difficulty we were able to find a mug which we thought was of suitable size. I was assigned to the application of the cup. Since the operation was new to me, I poured in a more generous amount of alcohol than I should have, perhaps, and when it was lighted, it flamed up so suddenly that it startled me. So I didn't wait for all the alcohol to burn out, and as I turned the mug over to apply it, some of the flaming alcohol spilled on John's bare stomach. The effect was electrical. With a whoop he jumped out on the floor, beating out the flame. Meantime some of the burning alcohol had also spilled on the bed, and before we knew it, the bed was afire. Between our beating out the fire on the bed and John's putting out the fire on his stomach, there was great excitement for a few moments. However, beyond a sizable hole burned in the sheet and a considerable blister on John's stomach, no particular harm was done. The effect of the treatment was magical, as nothing more was heard from John about the pain in his stomach. Our attention was chiefly directed to applying suitable measures to relieve the burn. Another case where the remedy was worse than the disease!

The days in the Medical School were very full and the studies extraordinarily interesting. The atmosphere was entirely different from that of college; there the instruction had been general, while here at last was the preparation for one's life work, with everything bent toward one particular goal; namely, to fit oneself for the practice of medicine. I can truthfully say that I applied myself diligently to my work throughout my entire medical course. Each year was more interesting than the preceding one, at least to me, because the more one came into contact with the patient and had the opportunity to apply what one had learned, the more absorbing the work became. It was thrilling to feel that at last one had reached the point where patients were actually looking to one for help and guidance.

Of the professors and instructors a goodly proportion had more than local reputations in their special departments. Unfortunately, Dr. Oliver Wendell Holmes, who had been for some years Professor of Anatomy in the Harvard Medical School, had retired shortly before I entered, but we did have the pleasure and satisfaction of having him lecture to us once or twice on anatomy. I have forgotten just what particular part of anatomy he lectured upon, but I do remember his most charming smile and delightful personality. It is not generally known that in addition to his anatomical studies,

Dr. Holmes was a pioneer in the study of puerperal fever, that scourge of motherhood, which in time past in certain epidemics has been known to destroy as many as one mother out of every five. In 1843, long before Pasteur's epoch-making discoveries determined beyond question that, as in other infectious diseases, certain bacteria were the cause of childbed fever, Oliver Wendell Holmes had insisted that the doctors and nurses themselves were the carriers of the dreaded disease. Unfortunately, this suggestion was rejected by a doubting profession, and many years elapsed and many useful lives were sacrificed before it was finally accepted and the remedy, absolute cleanliness, applied.

As I was always particularly interested in surgery rather than in medicine, it followed naturally that the members of the Faculty who impressed me most were connected with the surgical specialties. As that was the era of the didactic lecture, most of the teaching consisted of lectures, either clinical or didactic. Among the lecturers, Dr. David Cheever stood in a class by himself. He had what amounted almost to a ritual at the beginning of each lecture. He would walk into the lecture room very quietly, would look around at the windows, and if any of them happened to be open—the boys usually saw to it that at least one of them was—he would quietly request that the window be closed. Then he would turn and look at the thermometer, come to his desk, adjust his vest and finally begin his lecture. The boys always expected these preliminaries and would have been disappointed if they had been omitted. I have never heard Dr. Cheever's superior as a lecturer. His operative clinics also were interesting and instructive.

The impression the students had of Dr. Cheever was that of a delightful lecturer, a pleasant but quiet and reserved personality, a bit dyspeptic or ascetic perhaps, and an excellent surgeon. After I had left the Massachusetts General Hospital and was actively engaged in practice in Baltimore, Dr. Cheever was invited to deliver an address at a meeting of one of the Baltimore medical societies. He kindly accepted, and I met him at the railroad station upon his arrival. His train had been delayed, and it was nine or ten o'clock in the evening when he arrived. On the way to his hotel, I casually asked him whether or not he had had dinner on the train. He said he had not felt very hungry and had not eaten much. I suggested that he might like to stop at the Maryland Club and have a bite of something. He agreed; so we stopped at the Club. When we went

to give our order, he hesitated a moment and then said, "Isn't Baltimore the home of the diamond-back terrapin? I have always wanted to taste some terrapin cooked in Baltimore."

I assured him that he was in the proper place, at the Maryland Club, where they pride themselves on cooking terrapin à la Maryland. By the time the terrapin arrived it was after ten o'clock. To my surprise Dr. Cheever ate with evident relish a generous portion of terrapin and fixings such as would have done credit to anyone, a pretty good contract for that time of night. When he had finished, he expressed great satisfaction and said that the merits of terrapin had not been in the least exaggerated. I felt some trepidation about leaving him at his hotel after his late feast, for "terrapin à la Maryland" is a rich dish, and with my impression as to the good doctor's faulty digestion, I wondered how the terrapin would sit. However, next morning when I called for him, he appeared to be in excellent shape, and said that he had had a splendid night and continued to enjoy greatly in retrospect the terrapin of the night before. I never had seen him in better form.

Dr. Timothy Dwight gave the course in anatomy and was an engrossing lecturer, tremendously in earnest in his endeavors to impress his points on the students. The anatomical lectures were held in a room which had a large skylight in the ceiling. One day Dr. Dwight was so absorbed in his subject that he had failed to notice, as the students had, that the light from the skylight had been suddenly dimmed and an ominous darkness had fallen over the room. It was evidently the result of a summer storm which was passing over, the clouds of which were unusually heavy. The room became so black that the boys unconsciously looked up at the skylight to see what was going on.

In the midst of the darkness, he looked up and noticed that the face of practically every student was turned up to the skylight, entirely oblivious of him and what he had been saying. Dr. Dwight ceased talking, but the boys were so much interested in what was going on outside that they failed to notice he had stopped. In disgust at the lack of interest of the class in his efforts to instruct them, he turned on his heel and walked out of the classroom. By this time the rain was driving down on the skylight and making such a noise that the boys failed to hear Dr. Dwight go. After a few moments, when they looked down again, there was no Dr. Dwight in sight.

However, one or two men in the class had seen him go out. But

nobody knew why he had gone; so we sat there for some minutes waiting to see what would happen. As nothing happened, we finally concluded that we had offended him; so we got up and went out, but first a committee was appointed to wait upon Dr. Dwight with an apology and an explanation as to how it had happened. The apology was accepted, and the incident closed. However, Dr. Dwight did not offer any apology for walking out on us.

Dr. Minot too was an excellent lecturer as Professor of Medicine. His nickname among the students was "Bunny" because of a peculiar habit that he had at the beginning of his lectures of twitching his nose and upper lip very much as a rabbit does. Dr. Warren's lectures in surgical pathology also attracted a great deal of attention and were highly instructive. Dr. Bowditch gave an interesting course in physiology. Dr. Fitz in pathology gave one of the best courses in the Medical School. As we never knew quite what to expect from him, he held the students' attention whenever he was lecturing or demonstrating pathological specimens. Dr. Ernst in his lectures and demonstrations on bacteriology, a new subject at that time, was very stimulating. We students caught the idea from him that medicine was just on the threshold of possible discoveries of untold significance. As a lecturer who had the ability to hold the attention of the students by his unusual fund of anecdote and his unique manner of presentation, Dr. W. L. Richardson possessed the extraordinary faculty of making obstetrics really interesting. In addition to Dr. Warren, also an inspiring teaching and an interesting lecturer, the surgical lectures and clinics were ably conducted by Dr. Porter, Dr. Homans, Dr. M. H. Richardson, Dr. Cabot and others.

I recall with pleasure Dr. M. H. Richardson's lectures on surgical anatomy, which were always beautifully illustrated by his blackboard drawings in colored chalk. In these illustrations he proved himself to be an artist. He could draw with both hands and used to delight in standing before the blackboard with a piece of chalk in either hand. He would start at the top and proceed to make a perfect illustration, first of the bony skeleton, and then on top of that fill in the muscles, blood vessels and nerves with different colored chalk. The result was a real work of art.

Laboratory work was in its infancy, and not much time or attention was devoted to it. Some clinics were held, but our time was taken up chiefly in lectures. Our class was one of the first to have the advantages of the then new Medical School building, and the en-

larged and more modern facilities that went with it. It stood on the corner of Boylston and Exeter Streets. The old building on North Grove Street had been practically given up by that time. The building we used has been superseded in turn by the present palatial structures out Huntington Avenue.

Altogether our time as medical students was profitably and interestingly spent; that is, provided we took advantage of the opportunities offered, which we did with few exceptions. However, "all work and no play makes Jack a dull boy." I had not been in the Medical School long before I learned that two of my classmates had played on the Harvard football team the fall before. As a member of the Princeton team I had played against them. At that early date there were no such things as athletic eligibility rules. The only requirement then was to have your name in the catalogue. These two fellow students asked me to come out and join the Harvard football squad, as they had done. This appealed to me strongly; so I went out and before long was chosen for the same position on the Harvard varsity team that I had occupied on the Princeton team the year before; namely, left end.

This was one of the most fortunate things that ever happened to me, because my playing on the football team gave me an introduction to Dr. C. B. Porter. To him more than to anyone else I am directly indebted for the opportunities that one after another presented themselves in my subsequent career. I like to think that perhaps I may have had something to do with it myself, but certainly football paved the way toward the goal I had set for myself, which seemed at first well out of reach. In the course of football practice, I came to know a very nice young sophomore who was understudy for my position. His name was "Allie" Porter. I hadn't the slightest idea who he was, and he knew me only as a fellow football player. When he learned that I was a medical student and a total stranger in Boston, he very kindly invited me to his home for Sunday dinner. There I met his family and learned that his father was Dr. Charles Burnam Porter, Senior Surgeon to the Massachusetts General Hospital and Professor of Clinical Surgery in the Harvard Medical School. Thus began one of those delightful relationships between teacher and student that mean so much to both and last throughout their lives.

Dr. Porter was very kind to me and presently asked me to assist him in some of his private operations performed in the homes of his patients, as was the custom in those days. Thus I came to know

him and he to know me. He would go out of his way every now and then to show me little favors of one sort or another, and I reciprocated by rendering him all the assistance in my power. As time went on and the examinations for Interneships in the Massachusetts General Hospital were drawing near, Dr. Porter called me into his office one day and asked me if I had put in my application for one of the appointments on the Resident Staff of the Hospital. I told him that I had not done so because I did not think it was worth while.

He asked, "Why?"

I said, "Well, because, to be perfectly frank, it is generally understood among the students that only those who are residents of Boston or are known personally to members of the Staff have any chance of appointment."

"What nonsense!" said he. "If you'd like to be considered for an appointment, send in your application."

I thanked him and did so. To my great surprise, when the appointments were announced, my name was on the list. Of course, it was clear to me to whom I was indebted for the appointment. No wonder then that I am an ardent football fan.

However, I played only one year on the Harvard football team, for I soon learned that medical school was different from college, and that I should have to choose whether to play football or to study medicine, as it was evident I could not do both with justice to either. Very reluctantly then, at the end of the first season of playing, I gave up football for good and devoted myself seriously to the study of medicine.

I recall with great pleasure one incident that took place during the time that I played. The Harvard football team took a trip up into Canada to play the College of Ottawa. The game was a gala occasion. The ball was put into play by the Governor-General of Canada, and we enjoyed a lively session. The Canadians played an entirely different type of game from our own, theirs being more like soccer. They ran with the ball very little. Instead of picking up a loose ball, they would kick it. I found this out to my sorrow when, in diving for a loose ball at just the same moment when a burly French-Canadian gave a vicious kick at it, I received the full force of his kick on the side of my head. The variety of shooting stars that resulted put me out of commission for a few moments the only

time during my whole football career that I was even temporarily knocked out. After a few minutes and the vigorous application of ice water, I came around all right and finished the game, but for some time afterward I had reason to remember my contact with the French-Canadian's number twelve shoe.

The life of the average medical student, while always absorbingly interesting, is a hard one. There is always so much to be done; studies, lectures, collateral reading, laboratory and dispensary work, dissecting, and what not. It is only when he has advanced to the point where he comes into personal contact with the patient, and still further when he has his first responsibility with regard to the care of the patient, that he begins to appreciate just what are the real implications involved in the study of medicine. It is an experience not soon to be forgotten when he first assumes the sole responsibility for the care of a patient, particularly as it usually happens that the patient is a dispensary case and lives in some out-of-the-way district of the city, far from professional help if anything of the kind should suddenly be needed.

To this day, after more than half a century, I remember the first patient I was called upon to treat on my own responsibility under such circumstances. This happened to be an obstetrical case. Fourth-year students were each assigned a certain number of so-called "out-patient" obstetrical cases, which they were called upon to care for in the patients' homes. There was a station down in the slum district of the city where medical students, two or three at a time, lived in order to be near at hand when the calls came. When my turn to take cases arrived, I went to the house where our rooms were and waited, I must say frankly, in fear and trembling. I had never seen an obstetrical case, and I didn't know anything about one other than what I had heard in lectures and read in text books, which, of course, was very different from actual personal experience. However, here I was waiting. I didn't have to wait long, only until about one o'clock that night, a favorite time for such calls.

It was a cold, chilly night, and the weather, coupled with the excitement of the new experience, caused my teeth to chatter vigorously on the way to the patient's home, a small, unattractive-looking house in the foreign quarter of the city. I hesitated some time before I could get up my courage to announce my arrival. While standing there on the doorstep, I heard a high-pitched wailing coming from inside the house, the sound of which I shall never forget: "O-i-c-h!

O-i-c-h! O-o-o-o-i-c-h!!!” the characteristic Jewish exclamation for pain.

I think each individual hair on my head stood up. I had to summon all the courage that I possessed to rap on the door. My rap was answered by a middle-aged Jewish woman, a friend of the patient's. To her I announced myself as “the doctor.” I followed her upstairs. The patient was lying in bed, rolling from side to side and giving vent at intervals to a series of blood-curdling “o-i-c-h's,” one after another. I was completely flabbergasted, as I had not the remotest idea what to do, but I had sense enough left to look as wise and unconcerned as I could—a bluff which I fear wasn't very convincing—and let nature take its course. Fortunately for me and for the patient as well, this was not the first baby, and the labor had just about reached its third and last stage when I arrived. I asked the friend to bring a basin of hot water, some soap and a towel. I took off my coat, rolled up my sleeves, washed my hands, taking plenty of time to do so, and made up some bichloride of mercury solution for my hands. By this time the pains were coming with increasing frequency and intensity, and just as I had finished my ablutions, with one great effort on the part of the mother, the baby was ushered into the world with a terrific “o-o-o-i-c-h.” My obvious duty then was to tie the cord, hand the baby over to the friend with the request that it should be bathed, and the labor was over. Fortunately for all concerned, shortly thereafter the after-birth spontaneously followed the baby.

My efforts, or rather the absence of them, seemed to impress favorably both the mother and the self-appointed nurse, and it wasn't long before I was able to return to my quarters with the grateful thanks of both. I have never been more relieved.

As I recall it, I was present at five deliveries in short order with one hundred per cent recoveries of mothers and babies. I won't say that I did more than simply assist nature just as little as I could, feeling that that was the better way. However, I felt very much complimented that, as a result of my services, I had the honor of having one baby named after me. This happened to be a little red-headed Irish urchin, who reveled in the name of “Johnny Finney Murphy.” I have often wondered what became of him, as I lost track of him.

One valuable lesson that I early learned from these experiences has since stood me in good stead; namely, that while at times nature

may appear to be a slow workman, still it is well to let her take her course and, as long as things are coming your way, not to interfere in order to hasten matters.

Another incident that occurred during my out-patient duty I remember almost as vividly as my first obstetrical case.

The partition between my room and the next must have been of pasteboard, because, while I could not see what was going on in there, I could hear everything as perfectly as if it were in my own room. I was particularly nervous, I suppose, because it was my first experience with taking care of patients on my own responsibility; so I did not go to sleep immediately after retiring, which I did rather early. In a short while the occupants of the next room returned. They had evidently imbibed freely of alcoholic stimulants before coming home, and had also fortified themselves with an extra supply, which they brought with them. I could hear the glasses and bottles rattling.

"Tom" was evidently feeling very comfortable and inclined not to conversation but to sleep, while his friend, "Bill," had had just enough stimulant to loosen his tongue, keep him wide awake, and make it impossible for him to keep quiet. The subject under discussion was the definition of "eternity," under the circumstances a rather large contract. In his endeavor to explain the meaning of the term, and by way of illustration, Bill inquired of Tom whether he had ever been down to Nantasket Beach. Tom after a while grunted his assent. Then Bill went into details about the sand on the beach, how it was composed of little individual grains and how infinitely great was their number. After expanding on this for some time, he said, "Now, Tom, when you were there, you saw the sea gulls flying around on the beach, didn't you?" Tom finally gave his assent. "Well," continued Bill, "if one of them little birds was to take one of them grains of sand in his bill and fly away across the ocean—and fly and fly and fly for a very long time—and finally when he got over to the other side, put that grain of sand down on the beach, and then fly back—and fly and fly and fly—and then take another little grain of sand and fly across the ocean, and then fly back, and then take another grain of sand and fly and fly—" and so on "ad infinitum." After this had gone on indefinitely, Tom was almost asleep, and Bill had great difficulty in keeping his attention, but Bill still had the bird flying back and forth with a grain of sand. Finally, after what seemed hours to me, Bill said, "Now, Tom, by

the time that little bird got all them grains of sand one by one across the ocean on to the other shore, every one of them, and got back again, eternity would have just begun."

From that night on, the idea of just what a long time eternity really is became indelibly fixed in my mind. I never saw Tom or Bill; so I don't know to whom I am indebted for a vivid and lasting mental picture of eternity.

During the summer of 1887 a severe outbreak of typhoid fever occurred in Boston. Nothing much was known about the cause of typhoid fever in those days, very little as to its method of transmission, and not much more about its proper treatment. Also, trained nurses were very scarce at that time. Hence it was that an opportunity was given to the advanced students in the Medical School to act as assistants to the health officers or as nurses, as the need might be, and to help take care of the numerous cases of typhoid fever. Among others I volunteered to act in such capacity and was assigned a district which, as I recall, included Copp's Hill of Paul Revere fame. I spent the summer helping to take care of the typhoid cases.

So it was that late in the summer, just before the Medical School opened at the beginning of my third year, I myself came down with an attack of typhoid fever. I was taken to the Massachusetts General Hospital, where I spent over two months with a severe case. I don't remember much about the first couple of weeks, as I was delirious a good part of the time, but I do remember with great satisfaction the kindly care taken of me by my good friend, Dr. Tarbell, by Dr. Jacobs, the Resident Physician, and by the nurses. After completing his service in the Massachusetts General Hospital, Dr. Jacobs came to Baltimore to live and subsequently became a Trustee of Johns Hopkins Hospital.

When I began to get better, I developed, as is usually the case, an enormous craving for food, but the only thing allowed typhoid convalescents in those days was milk and whiskey. I despised the milk and loved the whiskey, so much so that as I began to get really better, I found myself lying in bed impatiently watching the little clock on the mantel in my room for the time when the next drink of whiskey was due. I was apt to be a bit peeved if for any reason the nurse was late in bringing it. My eyes bothered me and I couldn't read much; so I had nothing to do but lie in bed and watch the clock. One day while doing this, the thought occurred to me, "What does

all this mean, this tremendous interest and craving for the whiskey?" By that time my convalescence was pretty well established; so after thinking it over, I reached the conclusion that so far as I was concerned, it was time to stop. When Dr. Tarbell came on his next visit, I asked him whether or not the whiskey was absolutely necessary. He looked at me rather questioningly and said, "Why do you ask?" Then I told him that I had found myself lying in bed watching the clock to see when the next drink of whiskey was due. He turned to the nurse and said, "Omit the whiskey." That was my last drink. I came to the conclusion then that, since I was so much interested in getting my dram promptly, I had better cut it out altogether. I may add that in my subsequent professional practice alcohol has played a very minor role as a stimulant. If one wants a quick stimulant, there are others that act as quickly or even more so, and except in the case of old persons, where alcohol is at times undoubtedly beneficial, a non-habit-forming and equally effective substitute may readily be found. This is a matter, it seems to me, in which a doctor bears to his patients a definite responsibility which cannot be lightly disregarded.

Curiously enough, my brother was taken with typhoid fever at our home in Maryland at the same time that I was sick in Boston. He too had a severe case, but made a good recovery. As soon as I was able to go south, we together took a trip, our first, to Florida. It was an interesting experience to both of us and did us a world of good.

Of course, my time out while I was a patient in the Hospital and in Florida to recuperate necessitated my dropping back a year in my medical course. Fortunately, on returning to Boston to see if there was anything that I could do to put in my time so that the year wouldn't be entirely lost, I found an opportunity to spend six months as a substitute in the Boston Lying-in Hospital. The time spent there was very valuable experience, as one can not have too broad a foundation for one's specialty, whatever it may happen to be.

While I was in the Lying-in Hospital, a young probationer (that is, one who is just beginning her nurse's training) was present at her first delivery, which happened to be a rather difficult one. The sights and sounds were very disturbing to the prospective nurse. As soon as the baby was born, the young woman disappeared and for some time could not be found. Finally one of the other nurses found her sitting on the back stairs with her head in her hands, apparently

much disturbed emotionally. The nurse put her hand on the probationer's shoulder and asked her what was the trouble. She looked up with tears in her eyes and in a very mournful tone said, "Oh, isn't it dreadful, dreadful! I'll send back my engagement ring immediately!"

After serving my term in the Lying-in Hospital, I again took up my medical course and was graduated with the next class. There was a curious rule in force at that time in the Massachusetts General Hospital to the effect that no member of the graduating class who had received an appointment to the Resident Staff of that Hospital could take his degree until the commencement immediately preceding the end of his term of service. Since I had been fortunate enough to secure an appointment to the Resident Staff, I consequently did not get my diploma until the following year; hence it bears the date of the year following my graduation from the Medical School.

I count my three years spent in the Medical School as among the most fruitful years of my life. Not only were the foundations of my subsequent professional career laid wide and deep, but many cherished friendships were formed which have lasted to this day. Many valuable lessons other than those of a strictly professional nature were learned. The most valuable perhaps was learning to know and to appreciate human nature.

My course having been finally completed, I advanced another step and took my place on the Resident Surgical Staff of the Massachusetts General Hospital.

V. MASSACHUSETTS GENERAL HOSPITAL

UPON ASSUMING my duties at the Massachusetts General Hospital, I found, much to my delight, that I had been assigned to the West Surgical Service, which was Dr. C. B. Porter's. The other two Visiting Surgeons on that side were Dr. John Homans and Dr. Arthur T. Cabot. The surgical work of the Hospital at that time was divided into two services, East and West. The East Surgical Service was composed of Dr. J. Collins Warren, Dr. H. H. A. Beach and Dr. Maurice H. Richardson. My good friends, Hardy Phippen and William S. Thayer, were assigned to the East Surgical and the Medical Resident Services respectively. Dr. Augustus Thorndike was the Senior House Surgeon on the West Service and Dr. C. L. Scudder on the East Service. The Visiting Staff was made up of a fine group of surgeons, representing to a remarkable degree the various schools of surgical thought and action of that particular period.

I shall never forget Dr. Tarbell's comment when I told him that I had been fortunate enough to secure an internship appointment in the Massachusetts General Hospital and that I was to be on the West side. "Well," he said, "that is an excellent combination—Dr. Porter, Dr. Cabot and Dr. Homans. From Dr. Porter you will learn how to operate, from Dr. Cabot you will learn how to take care of your patients after operation, and from Dr. Homans you will learn what not to do, and I fancy you will probably learn more from him than from either of the others."

Dr. Tarbell's sizing up of the situation was extraordinarily accurate, for Dr. Porter was one of the neatest, most finished operators I have ever seen. The nicety of his dissections and the accuracy with which the finest details of the operation were done were indeed wonderful. His flaps always fitted perfectly; there was no trimming

of them to be done. Dr. Cabot was a finished surgeon, a bit caustic to his assistants at times, but solicitous in the post-operative care of his patients, an important factor in surgery. Dr. Homans was a delightful personality, an excellent operator and also greatly interested in the care of his patients, but in addition to laying emphasis upon what the surgeon ought to do, he was always referring to the "don'ts" in surgery. A favorite expression of his was, "If you state a surgical proposition to ten surgeons and ask them for an opinion as to what should be done about it, nine of the ten will tell you what to do and will probably be right, but the tenth man will tell you what not to do. He is the man to follow." While I learned a great deal from both Dr. Porter and Dr. Cabot, I am rather inclined to believe that from a practical standpoint, at least, I did learn more from Dr. Homans than from either of the others. It seemed to stick more permanently, perhaps because of the original way in which he expressed himself, particularly in his insistence upon the "don'ts."

My entrance into the Massachusetts General Hospital was the beginning of a new era for me. During the year and a half spent there, I still had the opportunity, as much as my hospital duties would allow, of visiting Aunt Lizzie in her home. These breaks in the busy life of a hospital interne meant everything to me. Life as an interne, or "house pupil," the old name ("house pups" we were really called), was absorbingly interesting. The hours were long and the work was hard, but you felt all the time that you were learning something. Here we not only came into actual personal contact with patients but shared with our chiefs the responsibility of looking after them. The experience was indeed thrilling. One felt that at last all the years of preparation and hard work were beginning to bear fruit.

The first three months of service were divided between the work in the Massachusetts General Hospital and the Convalescent Home out at Waverly. We spent the nights at Waverly, but traveled back and forth to the Massachusetts General Hospital. This was during the year of the great blizzard of '88. I shall never forget going out on the train in the afternoon while the blizzard was at its height. The wind blew so hard that it tilted the cars over to one side, forcing the passengers to crowd over to the windward side to prevent the cars from upsetting. Our train was stalled in snowdrifts, several miles before reaching Waverly. It was a question of spending the night in the train or walking the remainder of the distance through the storm and drifts, in places several feet deep. I foolishly decided

to make a try for it and walked the rest of the way. I finally succeeded in reaching the Hospital, but I was nearly exhausted by the effort. It was a day or two before the roads were opened sufficiently to allow us to get back to Boston.

My life as an interne was busy, working in the Out-patient Department, taking patients' histories, making examinations, giving ether, assisting at operations, taking care of patients after operation, changing surgical dressings, doing minor operations in the accident room, and a thousand and one other things that crowded in and kept me continually on the go from morning until night, not infrequently a good part of the night and occasionally all night. There were few dull moments.

A number of younger surgeons on the Out-patient Surgical Staff on occasion filled in for the older ones. Among them were Dr. F. B. Harrington, Dr. S. J. Mixter and Dr. J. C. Elliott. We had the pleasure of working with them, more particularly in the Out-patient Department. They were referred to facetiously by the Visiting Staff as "The Amateurs," but they were far from amateurish in their methods of work. As members of the younger generation they were more interested perhaps in the practice of the new antiseptic method of surgery just then coming into vogue, than were some of the senior members of the staff. Even at this late date antiseptic surgery had not as yet been wholeheartedly adopted.

From time to time we assisted the Visiting Surgeons while operating in private homes. These were great occasions. They gave us the opportunity to note the vast difference between surgery as done in a hospital and surgery as done in a home. Fortunately, nowadays the question rarely comes up, but in the early years of my practice, the question as to where an operation was to be done, in the hospital or in the home, was always uppermost and was usually settled by the patient or his family insisting upon having it done at home.

It was always an event of some note among the Residents if we could catch any of the Visiting Staff in an error, a satisfaction, I may add, that we did not often experience. On one occasion an unusual case came into one of my wards. It at once attracted my attention, and after studying the history, I made a diagnosis of a rare disease which had recently been discussed in class by Dr. Minot. The Patient had come in for a surgical affection, which was incidental to the other disease from which I thought he was suffering.

As it was a medical condition, I called in Billy Thayer to see the

case with me. After going over it carefully, we agreed as to the diagnosis. I then called the attention of the Visiting Surgeon, my chief, to the possibility of this being a case of the rare disease in question: namely, Addison's Disease. He dismissed that possibility very quickly, saying that because of its rarity it was most unlikely. Not satisfied with this, Thayer and I after further consultation decided to ask his chief, the Medical Consultant, to see the patient. For some reason or other he too was unimpressed and thought that it was probably something else.

However, in order definitely to settle the question, Thayer and I decided that, since the patient was very ill, we should try to keep him in the Hospital as long as he lived in the hope of securing an autopsy after his death, which appeared to be only a matter of time. Fortunately, this was done, and in the meantime everything possible had been done for his comfort and relief. With difficulty I was able to secure an autopsy. To Thayer's and my great satisfaction, the autopsy revealed that our diagnosis had been entirely correct. You may be sure that we did not fail to call, very tactfully, of course, the attention of our respective chiefs to the autopsy findings. The autopsy was made by Dr. Fitz. In some way or other he had heard that there had been a difference of opinion as to the diagnosis between the members of the Visiting and House Staffs; so he was keenly interested in determining who was right. When examination of the tissues removed demonstrated the fact that the diagnosis of the House Staff was the correct one, he took great pleasure, as he usually did, in twitting the Visiting Staff about their mistake.

It was always interesting for us "house pups" to have the opportunity to discuss patients and the operations done on them with our chiefs. There was little time for this, but every now and then, when the opportunity offered, we got a great deal from them. On one occasion I was discussing with Dr. Homans a difficult abdominal case in which I had assisted him. The patient had been a middle-aged woman, who had made up her mind beforehand to die. In spite of our hard work over her, she had not put up much of a fight and had finally died. Dr. Homans made a characteristic comment: "Do you remember, Finney, how hard we worked on that Mrs. ———?" I said that I did. "And we did a good job on her too, didn't we?" said he. I replied that I had thought so. "But, d—her," said Dr. Homans in a tone of real resentment, "she didn't back us up!" One soon learns the importance of having the full

co-operation and support of the patient, both physical and mental, in order to secure the best result in a surgical operation. Here is one of the many places where the human element plays a very important role.

Our group of "house pups" was a congenial one. We worked together in the greatest harmony, and it was a liberal education in itself to be associated so closely with men of their type. The particular specialties of each Resident, other than the strictly professional, were much in evidence at times. One of Billy Thayer's specialties was the recitation of the "Bab Ballads" or the singing of "Mickey O'Brannigan's Pup" and other current popular favorites, usually while in his bath in the morning. He also prided himself on his ability to make a Welsh rarebit. We had an improvised kitchen with gas range attached to our suite of rooms, which performed excellent service at all hours of the day and night, where Welsh rarebit, scrambled eggs, mushrooms, which grew in great profusion in the Hospital yard, milk, canned soups and various other favorites were always on tap and could be served at short notice in the most approved style. We each would take a turn at cooking our specialties upon occasion.

Many funny incidents happened. Once when I was making my night rounds, which usually occurred anywhere from eleven o'clock to midnight or later, I ran into Billy Thayer, who was just finishing his rounds, and we walked over to our flat together. There was a certain nurse, quite well known to the House Staff for her peculiarities, on night duty on that particular ward at the time. Those were the days when nutritive enemata of one sort or another, some of rather complicated composition, were much in vogue. Dr. Thayer had ordered a coffee enema, with an egg and a certain amount of peptonized milk to be added to it. The nurse in question was rather slow at times in catching on to orders. Dr. Thayer, who was quite particular with his orders, knew her peculiarities. He therefore had taken pains to give very minute instructions as to the ingredients, proportion of each, frequency of administration, etc. Having finally arranged it satisfactorily, so he thought, he said good night and joined me. We started down the corridor together, but had not gone far when we heard the patter of feet behind us and a call from the nurse, who spoke with a rather pronounced lisp. She called to Dr. Thayer, who stopped and waited. When she came up to him, she said, "Oh, Dr. Thayer, thall I thweeten the coffee in the enema?" Billy hesi-

tated a moment, and then, with a despairing glance at me, held up two fingers and said, "Yes, Miss ———, two lumps!"

At that time there were some interesting personalities about the Massachusetts General Hospital. Old Jim Mains, the head orderly in the operating room, had an advanced case of paralysis agitans (shaking palsy), but he could do more with a struggling, half-etherized patient than anyone I ever saw. Whenever a house officer got into trouble and needed help of any kind, Old Jim was a tower of strength to appeal to and was always ready to be of any service. Then there was John, the head orderly in the Surgical Dispensary, a capable and kindly man.

In the doctors' dining room Miss Sturtevant, the housekeeper, a maiden lady of uncertain age, but active for her years, ruled with a rod of iron. The discipline in force would have done credit to West Point. Nevertheless, she was popular with the House Staff, who readily acknowledged her authority and respected it. Old Maggie, the waitress in the doctors' dining room, where she had served most acceptably for many hospital generations, was a favorite with the House Staff. She could find more ways of circumventing the discipline in the dining room to the advantage of the hard-worked, hungry doctors than can readily be imagined. But for her kindly ministrations, I fear that many times we should have gone hungry.

Miss Sturtevant always sat at the head of the table, over which she presided with great dignity. Miss Anna C. Maxwell, the Superintendent of Nurses, also ate in the dining room with the House Staff. The discussion of medical topics at the table was absolutely taboo. Miss Sturtevant would not allow it for a moment. To illustrate how insistent she was upon this point, one evening Miss Maxwell had a non-professional lady friend dining with her. In the course of the meal, one of the house officers inadvertently used the term "D. T." (delirium tremens) in discussing the condition of a certain person. The lady guest turned to Miss Sturtevant and asked, "What does 'D. T.' mean?"

Miss Sturtevant instantly and characteristically replied, "Don't tell!" We all thought that she had thus kept up her reputation very well.

Last, but not least, of the Hospital family were Fred, who was on duty at the front door, and Billy Cameron, the apothecary to the Hospital. Fred was an inexhaustible source of information to inquiring patients and friends until unfortunately he was killed in a street-

car accident not far from the Hospital. Billy Cameron, like Miss Sturtevant, was a unique character and ruled his department with an iron hand. What he said went. At the same time he was popular with the House Staff and had many friends among the house officers, past and present.

From time immemorial nature has been performing her crude and painful operations without any anesthetic other than the imperfect relief afforded by narcotics of one sort or another, administered by sympathizing friends or physicians. The first public demonstration of the use of ether for the relief of pain caused by the performance of a surgical operation took place in the old surgical amphitheater at the Massachusetts General Hospital on October 16, 1846. The sea sponge used upon that occasion for the ether is still on exhibition in the Hospital. Dr. Crawford W. Long in Athens, Georgia, had used ether in performing surgical operations four years before this date, but since the first public demonstration of its use as a general anesthetic was made in the Massachusetts General Hospital by Dr. W. T. G. Morton and Dr. J. M. Warren, they are usually given the credit for its introduction into general use. The introduction of anesthesia has relieved the surgeon of the terrible handicap of having to operate upon a conscious patient, knowing all the time that the pain inflicted was almost more than the patient was able to bear. This factor was constantly militating against the success of the operation. Since its introduction as described, the inestimable boon of local and general anesthesia has been available to suffering humanity. As a direct result of this, coupled with the discovery of bacteria and the introduction of aseptic surgery, progress in the art of painless surgery has been made by leaps and bounds, and the sphere of the surgeon's usefulness greatly enlarged.

At the time I entered upon my work as a surgical externe in the Massachusetts General Hospital, the methods in use in the administration of ether were still very crude. This was the transition period between the old surgery and the new. Antiseptic surgery had not as yet been universally adopted, and in the few clinics in which it was being tried, it was used crudely. Great dependence was being placed on the use of the antiseptic spray, and much of the surgery was done in a dense fog of carbolic spray from an atomizer. It was used in all cases where special care was to be exercised. More or less futile attempts at carbolizing the dressings were being made here and there by individual surgeons. The antiseptic solutions, carbolic

acid and bichloride of mercury, were used freely in irrigating the wounds, which were closed in nearly every case with drainage tubes. They were usually needed, as infections, blood poisoning and septicemia, were of common occurrence. The healing of a wound by primary union (that is, without pus formation) was always a matter of comment. Ward rounds were with most of the surgeons almost a ritual. The changing of dressings, the examination of the patients, the removal of stitches and drainage tubes, the application of poultices and moist dressings were, like the whole post-operative treatment, very complicated compared with present-day conditions.

The technique then employed in preparing for an operation was to shave the skin of the patient in the region to be operated upon, wash the skin with soap and water, apply bichloride solution 1:1000, protect the area around the field of operation with towels and then proceed with the operation. The hands of the surgeon and the assistants had first been washed not too vigorously with soap and water and rinsed in bichloride or carbolic acid solution. The operating surgeons were not dressed in clean white suits, as they are now. Instead the style was black Prince Albert coats buttoned up tight. These were kept in a closet in the operating amphitheater and rarely, if ever, cleaned, and showed ample evidence of previous hard service in the spots of dried blood and pus that covered them. The white coats and suits for operators and assistants came as a later innovation. No wonder then that drainage tubes and suppuration were the order of the day in practically all operative wounds.

The instruments, all of them having wooden handles, were either soaked or wiped off in carbolic acid solution, or else no attempt at all was made to sterilize them. They were taken by the interne from the cases in which they were kept, put in unsterile basins of carbolic solution, and taken from there to be used. Indeed, the instruments were not always immersed in the solution. By some operators they were kept on the instrument table, after having been only rinsed in the antiseptic solution. The strength of the carbolic solution varied with the different operators from 1:20 to 1:80. This was very hard on the hands, as it was before the day of rubber gloves, especially for the assistant who handled the instruments. He had his hands in the solution a good deal of the time picking out the various instruments for the operator.

At this time the first attempts at sterilization by heat were being made. Boiling had not yet been introduced. The sterilization was

done as follows: the instruments for a certain operation were taken out of the instrument case and put in an ordinary agate-ware basin. Since there were no facilities in the operating room at that time for sterilization by either dry or moist heat, we used to take our basin of instruments through the corridor to the bakery, which in the Massachusetts General Hospital was a long block distant from the operating room. There they were put in the oven along with the baking bread and kept there for some five or ten minutes, then carried back through the corridor, covered only by an ordinary unsterilized towel. Having been once thus "sterilized," they were looked upon as sterile for that morning's operating, and thereafter rinsed off in tap water only, and then put back in the basin of carbolic solution and used in case after case.

I shall never forget one occasion when Dr. Arthur Cabot was on duty. He was scheduled for a certain operation. I selected the instruments and as was the custom put them in an agate-ware basin with an ordinary hand towel over them and took them down to the bakery. Just as I got there, I received a hurry call to come at once to the accident room for a case of severe hemorrhage; so I handed my basin of instruments to the baker, told him not to put it too close to the fire and hurried to the accident room. I was detained there longer than I had expected, and upon returning to the bakery, found my basin of instruments still in the oven close to the fire. Upon taking them out, I was horrified to find that the wooden handles were all charcoal. Well, I could see my finish.

As Dr. Cabot had the reputation of being a hard master, extremely sarcastic upon occasion, I decided to get it over with as soon as possible. I at once took my basin of instruments, charcoal and all, to Dr. Cabot and showed them to him, expecting to be called down hard. Much to my relief, he looked at them, picked up one of them, crushed the charcoal in his fingers and remarked, "Thank God, now perhaps we shall get some decent instruments." My relief can well be imagined. As I recall, the wooden-handled instruments were shortly thereafter replaced by metal-handled ones which could be boiled, so my mishap proved to be a blessing in disguise.

The first day that I appeared officially in the surgical amphitheater as an externe was a memorable one for me. The externes had no particular duties in the operating room other than the administration of the anesthetic and making of themselves generally useful as extra assistants, filling in here and there as occasion required. Dr. Cabot

was the operating surgeon that first morning. I was standing around, first on one foot and then on the other, nervous and uncomfortable, and trying my best to keep out of the way of the internes, nurses and orderlies. Suddenly Dr. Cabot looked up, saw me standing there and exclaimed, "Get me a cot!" Well, that didn't mean anything to me. I was sure I had understood perfectly what he had said, but "cot" meant just one of two things to me, the diminutive of a cottage or something to sleep on, neither of which, I was sure, would be acceptable at the present moment. So I affected not to have heard. Since I didn't move quickly to carry out his wishes, Dr. Cabot turned and in a commanding tone said, "Get me a cot!"

Well, I thought that it was time then to get busy, so I went up to Old Jim Mains, the head orderly, and said, "Dr. Cabot told me to get him a cot. What does he mean?"

"Ah, come here," he said, and leading me over to a case, picked out a rubber glove finger. "Take that to him."

I had been brought up south of the Mason and Dixon line. Down there the only thing that I had ever heard a glove finger called was a finger "stall." I hurried to Dr. Cabot and gave it to him. He gave me a forbidding look, took the finger stall (without, of course, its being sterilized at all), slipped it on his sore finger and went on with his operation.

Knowing Dr. Cabot's reputation, I felt that my name would be on the black list from that time on. However, fortunately for me, later in the day, after operations were over, he made his ward rounds with his staff, and I went along. One by one he sent them off on different errands until I was the only one left. We were walking down the corridor between wards when I thought, "Now is my chance." So I said, "Dr. Cabot, I beg your pardon for appearing so stupid in the operating room this morning when you asked me to get you a cot. I come from the South. A 'cot' means nothing down there but a bed or a house. I knew that you didn't want either of those, but I had no idea just what you did want. I had never heard what you wanted called anything but a 'stall'; hence my apparent stupidity."

"Humph," said he, "if you had asked me for a finger stall, I shouldn't have known what you wanted any more than you did what I wanted." That ended the conversation and re-established me in Dr. Cabot's good graces.

Later on that same day I was called upon to anesthetize a patient. It was my first anesthetic, and I was scared. I had had no instruction whatever in the administration of anesthetics, and had only seen from a distance its administration by the internes or externes who were the regular anesthetists. In those days they used a big cone made out of toweling, which fitted tightly over the patient's face. A bunch of gauze was put in the apex of the cone. Ether was poured in on this gauze until it was pretty well saturated. Then the cone was applied to the patient's face and held there until he became unconscious. The patient had been strapped previously to the stretcher on which he was lying while the ether was being given. Often it took two orderlies or doctors to hold the patient on the table. What happened in this barbarous method of administering the ether was that the patient was practically asphyxiated; hence the violent struggles. It was a pretty trying ordeal for all concerned. In the light of subsequent developments, one wonders why that method of giving ether was persisted in as long as it was. Shortly afterward, however, the so-called "drop method" was introduced, using a small gauze mask over the patient's nose and giving the ether drop by drop, certainly a great improvement over the old method.

Saturdays were the great days in the operating room. There were usually visiting doctors present at the operations, which were a regular part of the third- and fourth-year students' curriculum and were always well attended; in fact, the amphitheater was unusually crowded with students and visiting doctors at the Saturday morning clinics, which lasted all the forenoon and frequently well on into the afternoon. The students were always seated in the seats around the amphitheater, but the visiting doctors sat in armchairs arranged on an elevated platform in front of the amphitheater seats in a semi-circle around the operating table. To illustrate the slight degree to which the antiseptic technique had been developed at that time, after the patient had been anesthetized in the room provided for that purpose and had been brought into the amphitheater, the operating surgeon would ask the visiting surgeons one after another if they cared to step up and examine the patient. Sometimes two or three or more of the visiting surgeons would accept the invitation, especially if it was an interesting case. More often, however, they would decline the invitation.

There was far less variety in the matter of operations in those days than now. For instance, only emergency operations, such as

those for perforated gastric ulcer and obstruction of the pylorus, were done on the stomach. The same was largely true with regard to the bowel, except in the case of strangulated hernia or intestinal obstruction from one cause or another. With rare exceptions no operations were done on the gall bladder, the liver, the spleen or the kidney. The general run of operations consisted largely of the removal of superficial tumors of various sorts, drainage of infections, traumatic surgery, removal of stone in the bladder, and operations about the head and face. Tuberculous glands were then a common cause of operation. Ligation of vessels for aneurysm and other causes was fairly common. As has been indicated already, operations upon the contents of the peritoneal and the pleural cavities were practically unknown. To be sure, the operation of Ephraim McDowell for the removal of an ovarian cyst had been done some years earlier, but only a few surgeons, of whom Dr. Homans was one, had been bold enough to repeat this epoch-making operation. Accumulations of fluid in the chest were removed by aspiration or by removal of a portion of a rib. The operation of trephining, strangely enough one of the oldest in surgery, was reserved almost exclusively for the relief of the results of injury, such as depressed fracture of the skull. Hence it was that at that time the operations ordinarily performed in the Hospital were fairly limited.

Although to us internes antiseptic surgery was all new and intensely interesting, and its beginning, which we were witnessing, had even then enlarged the field of operations, it was still quite restricted as to variety. However, there was enough operating going on all the time to keep up our interest, and no two operations are ever exactly alike. One can learn something new from each one if one's interest and powers of observation are constantly on the alert. No one can say that surgery is ever commonplace. There is too much at stake, both for the patient and the surgeon.

The nursing at the Hospital was on the whole very good under the capable management of Miss Anna C. Maxwell, or "Maxie," as she was familiarly known to the Resident Staff. She was one of the forward-looking leaders of the nursing profession, and until she was called to the Presbyterian Hospital in New York, she did much to build up the nursing service of the Massachusetts General Hospital.

The Surgical Service at the Massachusetts General Hospital was active indeed, particularly the Accident Service, which the house

officers took week and week about. Frequently, when on accident duty, we would have only a few hours sleep at night; sometimes none at all. I recall one time at two or three o'clock in the morning, when I was engaged in anesthetizing an accident case, I suddenly woke up. How long I had been asleep, I do not know, but a hurried examination of my patient's condition showed that he had not suffered any ill effects from my nap. I was so impressed by the possibilities of the situation that I never repeated it, although at times the urge was great.

Billy Thayer used to tell a joke on me which shows what good sleepers we were in those feverish days. At that time, before the days of the general use of the telephone, the nurses, in order to speak to us about our patients, had to leave the ward and walk down the corridor to our quarters, and call us through a speaking tube that ran from the hall up to our rooms. In order to save our having to get up and go to the speaking tube, we had rigged up as an extension to our metal speaking tubes long pieces of rubber hose, which we kept beside our beds. When we were called by the nurse, we could lie in bed and talk to her in the hall below through the rubber tubes. It required so little effort on our part that sometimes during a heavy run of night work, either the nurses would have difficulty in waking us, or we would go to sleep while talking. Just as Thayer came in from a late night visit to one of his wards, the nurse called me and gave me the message, and apparently I gave the necessary order all right, as the nurse returned to her ward. Billy reported though that about fifteen minutes later, after he was undressed and in bed and was just dropping off to sleep, and the nurse had long since departed, he heard me say, "That's all."

Once a man was brought into the Hospital from somewhere down Cape Cod way. He had been hit by an express train going at full speed, while he, very much under the influence of liquor, had been walking along the railroad track. He had been picked up unconscious and brought to the Hospital, where he arrived some few hours later in a semiconscious condition. On looking him over I could find little the matter with him other than bruises from head to foot. He soon regained consciousness, and when asked how it all happened, he said, "All I know is I was walking down the railroad track minding my own business and saying nothing to nobody, when all of a sudden I got the damnedest toss I ever got in my life." He left the Hospital in a few days, little the worse for his experience.

Now and then Dr. Homans did me the honor of asking me to assist him in his private operations. On one occasion I was asked to meet him at a certain house in Cambridge and to be prepared for an appendix operation, which meant that I was to bring all the paraphernalia; instruments, dressings, and everything necessary. This incident occurred very early in the history of operations for appendicitis, as Dr. Homans was one of the first to make a practice of operating upon all cases of that disease. Dr. Fitz's article describing appendicitis and giving it its name had appeared in 1886, when I was in my second year at the Medical School. Very few operations were being done for the disease at the time that I was in the Massachusetts General Hospital, and then in the vast majority of cases only after the appendix had ruptured and an abscess had formed. The usual operation consisted of simply draining the abscess.

When I reached the house designated, I found both Dr. Fitz and Dr. Homans already there. They had just examined the patient and had come down to the room where the operation was to be performed to have their consultation. The patient's father, who was himself a doctor, and I were in the room and had the benefit of the discussion, which developed before long into a heated one. There was no question as to the diagnosis; the only question was as to what should be done. Dr. Fitz insisted upon waiting for a long enough time to see whether or not the patient could take care of the trouble unaided; that is, until it had been taken care of by absorption or an abscess had developed. Then the services of the surgeon were to be rendered. Dr. Homans on the other hand insisted equally strongly that the patient should be operated upon at once, and if possible, the appendix removed before it had ruptured and an abscess had formed. The argument continued for the best part of an hour. I was sitting in the corner thrilled by the battle of the giants. The father of the patient had also been present while the argument was going on. Dr. Homans suddenly got up and said to Dr. Fitz, "Here we are, sitting here arguing over whether to operate or not. The disease is progressing all the time. I don't flatter myself that I can convince you by anything that I may say, and I know damn well that you can't convince me, so what are we going to do? Let the boy die for want of assistance?" He then turned to the boy's father, and calling him by name, said, "John, you have heard the argument that Dr. Fitz and I have had here, and we are just where we started. Somebody has got to decide this question, and you are the one who must

do it. You have heard what has been said; now what shall be done in the matter?"

The father replied, "That is too serious a matter for me to decide by myself. I shall have to consult the boy's mother. If you will excuse me for a few minutes, I'll go up and talk matters over with her." With that he got up and went out of the room. Dr. Homans got up, walked over to the window and stood there looking out. Dr. Fitz remained sitting where he was. There they remained, and not another word was spoken until the father returned. When he came into the room, he said, "The boy's mother and I have talked matters over, and we have decided that if you two cannot agree and we must make the choice, while I have the utmost confidence in Dr. Fitz as a medical man, still, if I must decide between the two, since I have known you, John (calling Dr. Homans by his first name) since we were boys, and since we grew up together, went to college together and to Harvard Medical School together, I shall follow you."

With that Dr. Homans instantly turned to me and said, "Finney, get things ready for operation." This I did as quickly as possible. The operation was performed and a ruptured appendix and spreading peritonitis were found. The appendix was removed and a drain inserted with as little disturbance to the tissues as possible. The patient stood the operation well, and for a day or two it seemed as if he might get through all right, but unfortunately the peritonitis spread, the patient became distended and presented the typical picture of a general peritonitis, from which he died shortly afterward.

This battle of the giants was altogether the most thrilling experience I had had in my short surgical career and left an indelible impression on my mind. It must be remembered that this was in 1888, only two years after Dr. Fitz's epoch-making paper, and surgeons were just beginning to learn the proper management of a case of appendicitis. I was particularly interested because a very short time after the appearance of Dr. Fitz's paper on appendicitis, and while I was still a medical student, I had been taken with a pain in the abdomen. Dr. Tarbell, in whose house my Aunt Lizzie and I had rooms, had been called in. After looking me over, he had said, "It looks to me, John, as if you had a case of Fitz's Disease" (the name he gave to appendicitis) "and if you are not better in the morning, I shall ask Fitz to see you." My abdomen was still feeling pretty painful the next morning so Dr. Fitz was called in. He saw me,

poked me over and said to Dr. Tarbell, "Yes, this is a case of appendicitis, and if he isn't better very soon, you had better call in Dr. Porter." As the idea of being operated upon myself didn't sound good to me, I was much relieved later on when conditions had begun to improve, and it was not thought necessary to call in Dr. Porter. I confess to a secret feeling of satisfaction ever since that I had been honored by having Dr. Fitz poke over my abdomen and make a diagnosis of appendicitis in the very year, 1886, that his paper on appendicitis was published.

Among the incidents that stand out in my mind as I look back over my varied experiences in the Massachusetts General Hospital are the two or three occasions on which I had the opportunity of watching Dr. Henry J. Bigelow perform two of his astounding operations. The first was his reduction of a dislocation of the hip. Dr. Bigelow's name is inseparably connected with this operation. After many dissections of the hip joint and much careful study of the circumstances under which dislocation of the joint occurs, he devised a simple and bloodless method of reduction, which has borne his name ever since. Dr. Bigelow had retired from active work by the time that I reached the Massachusetts General Hospital, but once or twice he demonstrated his method of reduction to the staff and the students. We also saw him do his operation for crushing stone in the bladder. He had devised an instrument which he could pass into the bladder through the urethra, crush the stone into small fragments, and then completely evacuate them by means of a suction apparatus without the use of the knife. The instrument was an ingenious mechanical device. It was a rare privilege for us to see him demonstrate these two operations, which have made his name famous for all time.

Although the greater part of my youth had been spent in Maryland at Bel Air, only about twenty miles from Baltimore, I had had little occasion to go there, and I knew very few Baltimore people. But since the newspapers had from time to time recorded the progress made in the development of the Johns Hopkins University and the building of the Hospital, I naturally knew in a general way about them. Even before I began the study of medicine I had developed a strong desire to become connected in some way with the Johns Hopkins, after completing my work in Boston. The question was how it was to be done.

One day toward the close of my term of service at the Massachusetts General Hospital and shortly before the time set for the opening of the Johns Hopkins Hospital, Dr. Porter called me into his office and asked me what I expected to do when I had completed my term of service there. I told him that I didn't know, but that I had cherished for a long while the ambition to get some connection with the Johns Hopkins Hospital. He asked me if I knew anybody there: Dr. Halsted, whose name had been connected with the Surgical Department; Dr. Welch, whom everybody knew by reputation; or Dr. Osler, equally well known medically. Dr. Kelly had not as yet been appointed to head the Gynecological Department. I told Dr. Porter that I did not know any of them.

"Well," he said, "the best thing then for you to do is to go down to Baltimore, seek an interview with Dr. Halsted and make application in person. I shall be very glad to write a personal letter to Dr. Halsted for you and to get the Visiting Staff of the Massachusetts General to sign it jointly."

So, armed with this letter and granted a leave of absence of several days, I set out for Baltimore. To my great disappointment and almost despair, upon arriving there, I learned that Dr. Halsted had not returned from Europe. However, since Dr. Welch was in town, I hunted him up at his apartment. He was very gracious to me, told me that Dr. Halsted would be back shortly and that if I would give him Dr. Porter's letter, he would see that Dr. Halsted received it on his return. So I turned the letter over to Dr. Welch.

He then asked me if I had visited the Hospital. I told him I had not. He said, "Well, wouldn't you like to see it?"

"Very much."

"Well," he said, "I am going over there in a few minutes and shall be glad to show you around."

We got into one of the old-fashioned, bob-tailed Monument Street horse cars then in use, and rode over to the Hospital. I shall never forget that ride. Dr. Welch was charming. He asked about what I had done and was doing, and was evidently, in the nicest sort of way, trying to get information for Dr. Halsted's use. It just goes to show what sort of man Dr. Welch really was, that he would give so much of his valuable time to an unknown kid like myself, and do it in so kind a way.

When we arrived at the Hospital, Dr. Welch found that he would be unexpectedly busy; so he very apologetically said that he

was sorry that he couldn't show me around himself, but that he would get somebody else to do it. He pressed Dr. F. B. Mall into service. I shall never forget that occasion. Anyone who knew Dr. Mall could imagine what an interesting experience it must have been with such a guide. Thus my introduction to the Johns Hopkins Hospital was obtained under the most favorable circumstances imaginable.

I returned to Boston and reported to Dr. Porter the result of my visit to the Johns Hopkins. I must say that I was a bit disheartened by my failure to see Dr. Halsted. However, Dr. Porter encouraged me by telling me to wait until Dr. Halsted's return, when he hoped that I should hear something from him. Sure enough, about a week before the opening of the Johns Hopkins Hospital, I received a letter from Dr. Halsted saying that he was sorry to have missed me in Baltimore and asking me to meet him at the Johns Hopkins Hospital on the opening day, May 7, 1889. I took the letter at once to Dr. Porter, and after reading it, he gave a grunt of satisfaction and said, "I thought you would probably hear from him." I wish that I could have read the letter that Dr. Porter wrote to Dr. Halsted. He must have given me an excellent reputation, far better than my deserts, I fear.

At the appointed time I returned to Baltimore and attended the opening exercises of the Hospital. Well do I remember that day. It was a fateful one for me. There was a large crowd present. Almost the only one in the crowd that I recognized was Dr. Welch. He evidently knew that I was expected, for right away he asked me if I had seen Dr. Halsted. When I told him that I had not and that I did not know him, Dr. Welch took me in tow until we found him. Dr. Welch introduced us and then left. I could carry you to the very spot, over in the rotunda of the Hospital, where the interview took place. What he said to me was so characteristic of Dr. Halsted, as I realized later, that I can repeat it word for word now after more than fifty years.

Dr. Halsted, who was quite nearsighted, gave me the once over, looking over the top of his glasses and taking what seemed to me a long time in doing it, without saying a word. Then having apparently satisfied himself, he looked around over the crowd which filled the rotunda of the Hospital and remarked, "Big crowd, isn't it?"

I said, "Yes, sir."

Then he looked out of the window and said, "Nice day, isn't it?"

Well, it was, so I said, "Yes, sir."

Then in that half-embarrassed manner that I came to know so well later, he glanced at his watch and said, "I'll have to ask you to excuse me, as I have an appointment in the laboratory in a few minutes. What time can you report for duty?"

I was a bit nonplussed and not at all sure as to just what he meant. Not knowing what else to say, I stammered, "I beg your pardon, sir?"

He replied, "Oh, I want you to come down here and work in the Surgical Dispensary. When can you begin work?"

As there could be no doubt then about what he had intended, I said, "I am not yet through at the Massachusetts General Hospital, not until July 1, but I suppose they will let me off a little earlier."

"Oh," he said, "I fancy they'll let you off all right. You come down just as soon as you can. I shall expect you. Good morning."

That was the end of the interview, the whole thing taking not over two or three minutes. Not a question was asked as to my training or fitness for such a position, and no information was given as to just what was expected of me. From that day to the day of Dr. Halsted's death thirty-three years afterward, he never said a word to me about what he wanted me to do or how he wanted it done. I was left a free agent from the beginning, an independence I greatly appreciated.

Again I returned to Boston and reported to Dr. Porter. He seemed very much pleased and congratulated me warmly on my appointment. The term of service at the Massachusetts General Hospital was eighteen months, but since I had received the appointment on the Surgical Staff of the Johns Hopkins Hospital, which took effect before my term of service at the Massachusetts General Hospital ended, I didn't quite fill out my time there. The authorities kindly let me off in order to take up my work at the Johns Hopkins Hospital.

When the time came for me to leave the Massachusetts General Hospital, I found it hard to do. The Hospital had meant much to me in many ways. The professional friends, both teachers and associates, I had made were some of the finest I had ever known, or ever expected to know, and it was difficult to leave them. From my

immediate chiefs, Dr. Porter, Dr. Homans and Dr. Cabot, I had learned many invaluable lessons that have stood me well in after life. My closest friends among my seniors were Dr. A. K. Stone, Dr. Homer Gage and Dr. Augustus Thorndike; among my associates, Hardy Phippen and Billy Thayer; and among my juniors, Arthur Fisk and Malcolm Storer. We had a happy professional family, and the life in the resident doctors' flat was always interesting and entertaining. It was a wrench to give up all this, but the Johns Hopkins offered attractive and alluring opportunities.

I was especially sorry to leave Dr. Porter and Dr. Homans. On my leavetaking with Dr. Porter he congratulated me again on my appointment to Hopkins (with which he had had more to do than anyone else) and added that he wanted me to know that if I hadn't received that appointment he had me slated for a similar position on his own staff. "But," he added, "I always like to see a man get what he really wants."

One of Dr. Homans's pet aversions was to have another surgeon come into the operating room while he was operating, and after watching him for a few minutes, begin to make "back-seat driver" suggestions, such as, "Why don't you try Dr. ——'s new method for doing this operation? Or Dr. ——'s?" When I went to say good-by to Dr. Homans, I asked him for any suggestions that he had to make or any advice that he had to give me as I was starting out. "No," said he, "we've always gotten along very well, but remember, Finney, never make suggestions to the other fellow while he's operating." Every surgeon will appreciate from his own experience the value of this advice.

I have always considered it one of the privileges of my life to have been connected in any way with the Massachusetts General Hospital. In addition to being generally recognized as one of the leading hospitals in the country in a strictly professional way, its history and traditions are of the finest. The names of some of the most eminent leaders of the profession in this country are to be found on the rolls of its staff, past and present. It has been closely connected with certain epoch-making events in the history of medicine. Small wonder then that it was with much regret that I parted company with the many friends who had been so kind to me and the associations that had meant so much at the Massachusetts General Hospital, and left Boston to take up my duties in the newly opened Johns Hopkins Hospital.

VI. JOHNS HOPKINS HOSPITAL

COMING FROM the Massachusetts General Hospital, rich in traditions and closely linked with names and events prominent in the medical and surgical annals not only of Boston and New England, but of the whole world of medicine, to the Johns Hopkins Hospital, with no traditions and no past, looking only to the future, was like stepping out of one world into another. The transition from the old order to the new was taking place in surgery just at the time of my transfer. The aseptic method of sterilization by heat was just beginning to replace antiseptic solutions and the spray in the practice of certain members of the staff, but it had not as yet been universally adopted. At the Massachusetts General Hospital, which represented the best in the pre-antiseptic period, tradition and precedent were just beginning to be questioned by the rising young advocates of the new order of surgical procedure, while at the Johns Hopkins Hospital the leaders were all young men to start with, imbued with modern ideas and trained in modern methods, not unmindful of the lessons of the past, but looking steadfastly into the future for the solution of the problems as yet unsolved. Dr. Halsted, who had been trained largely in German methods, was quick to appreciate the advantages of the aseptic over the antiseptic method. It was not long therefore after the opening of the Johns Hopkins Hospital in 1889 before asepsis had replaced antiseptics and had become installed in the operating room as the accepted method of surgical procedure.

However, before this change had taken place, the antiseptic technique in use in the operating room had developed into quite a ritual. Here, as is frequently the case with new methods, the pendulum had swung wide before finally becoming stabilized. Many things were being tried at this time that were found to be unnecessary and later

discontinued. For instance, the skin of the patient in the region to be operated upon was shaved the day before operation, and a moist, antiseptic dressing was applied and left on over night. This added greatly to the discomfort of the patient and not infrequently was followed by considerable skin irritation from the action of the antiseptic, so that it was finally discontinued. Then a reservoir was rigged up above the patient on the operating table, from which a continuous stream of bichloride of mercury, carbolic acid or some other antiseptic solution was directed over the field of operation. This necessitated the construction and use of the operating table devised by Dr. Halsted, which was designed to catch the overflow of the irrigating fluid and direct it to a receptacle under the table. In spite of this, we had to have recourse to rubber aprons and rubber shoes or boots in order to keep dry. The gauze sponges used in the wound were soaked in bichloride, and the dressings applied to the wound were also frequently moistened in bichloride, carbolic or other antiseptic solutions. It wasn't long, however, as just indicated, before considerable irritation of the skin and mild forms of bichloride and carbolic acid poisoning were common. It was then that normal salt and boric acid solutions were substituted for the irritating antiseptic solutions. However, with the introduction of the aseptic technique, the basis of which was heat either moist or dry, the irrigation methods were gradually discarded, much to the satisfaction of surgeon and patient alike.

Everything that came into contact with the wound was now either boiled or sterilized in an autoclave by dry heat, except the hands of the surgeons and their assistants, and the skin of the patient in the field of operation. These for obvious reasons could not be subjected to this technique, so something had to be devised to take its place. Many different methods had been suggested and various chemical substances had been tried, none of which had proved entirely satisfactory. Finally Venus came to the aid of Aesculapius, and as an unlooked-for result, a method was developed that proved entirely effective.

The story of the development of the use of rubber gloves in surgery is a curious one. In addition to her unusual professional qualifications, the head nurse in the Johns Hopkins Hospital operating room, Miss Caroline Hampton, had for some time attracted the personal interest of Dr. Halsted, who was a bachelor. This mutual attraction had early been observed by the members of the resident

staff and the operating room nurses, and, needless to say, the progress of the courtship was watched with interest. About this time Miss Hampton's hands, which had suffered greatly from immersion in the antiseptic fluids, carbolic acid and bichloride of mercury, had reached the point where she could no longer carry on. Dr. Halsted's concern for Miss Hampton was twofold: an interest in her personal well-being and in having her assistance in carrying out the operating room technique. After trying various experiments to no avail, he finally hit upon the idea of having made for her thin rubber gloves, which would afford the desired protection to the skin of her hands. The idea was originally suggested by an old pair of heavy rubber gloves that Dr. Welch had brought over from Germany and had used in making autopsies. Dr. Halsted went to a manufacturer of rubber goods, stated his problem and asked to have a pair of thin rubber gloves with gauntlets made for Miss Hampton. This was done, and for a considerable length of time thereafter Miss Hampton was the only one who wore gloves in the operating room. This experiment, however, demonstrated the practicability of the use of rubber gloves in a surgical operation.

One day in discussing the use of rubber gloves for Miss Hampton, Dr. Bloodgood observed that "what's sauce for the goose is sauce for the gander." If rubber gloves were all right for the nurse's hands, why not put them on the surgeon and the other assistants? The idea took, the gloves were made and gradually came into use, first by the nurse, then by the assistants and finally by the operator himself. From that time on rubber gloves have been in constant use not only in the Surgical Clinic of the Johns Hopkins Hospital but in modern, up-to-date hospitals all over the world. It is now generally conceded that the introduction of the rubber glove into surgical practice was one of the greatest single contributions ever made to surgical technique. It is interesting to note that this is another instance where the original purpose of the invention proved to be only a minor incident in its ultimate uses. In an effort to find a method to protect a nurse's hands, a new principle of disinfection of the greatest value in surgery was discovered. It is a pleasure to note that the interesting romance begun in the operating room, yielded a priceless boon to aseptic surgery, and finally culminated in a happy marriage.

Thus through successive stages has been developed a surgical technique which can be absolutely controlled and depended upon except

for the atmospheric air in the operating room and the patient himself. The patient's skin in the field of operation still remains the chief vulnerable point in the present-day aseptic surgical technique. To be sure, the modern method of skin disinfection minimizes this danger. So it is also with the air in the operating room, which under modern conditions is quite innocuous. Elimination from the operating room of dust and of all dust-producing substances; sterile operating suits, masks and caps; and tiled walls, floors and ceilings for operating rooms, have proved quite sufficient to render harmless this other possible source of infection.

When the Johns Hopkins Hospital was originally planned by Dr. John S. Billings and subsequently constructed as laid out by him, since surgery was still in this transitional period, he felt it would be better to let the surgeon plan his own operating room and accessories after the question of surgical technique had become more stabilized. Hence it is a matter of interest that the Johns Hopkins, a large general hospital with a constantly increasing surgical service, was built and in active operation for a period of years before it had a surgical building or an operating room. Meanwhile only makeshift arrangements had been provided and had to be endured. The reason for this, as I have heard Dr. Halsted say, was that he wanted to wait until things had shaped themselves up a bit so that he could determine just what sort of surgical building and operating room was needed. Time and experience have demonstrated the soundness of his judgment.

This period was one of unusual activity, especially in the surgical world. The aseptic method of surgery was constantly opening up new avenues of surgical progress, hitherto undreamed of. Advances were continually being made on every side. One could hardly pick up a medical journal without finding in it the report of some new discovery or some new advance in surgical technique. Medical literature was full of communications relating to the development of the aseptic method as a substitute for the antiseptic method, which had been gradually installed since the time of Lister. One brought home from every meeting of a national medical society something new to try out in one's own clinic. Thus it was that surgeons were kept constantly on the alert to keep abreast of the progress being made both in this country and abroad. Indeed interest was aroused to such a high pitch among members of the profession that attendance on

medical society meetings was greatly stimulated by the fear that one might miss something of importance.

As the aseptic technique improved, the scope of surgery was correspondingly enlarged. Up to the time of the introduction of aseptic methods, the range of surgery, especially within the cavities of the body, had been extremely limited. Since that time, however, the abdominal organs, the chest and contained organs, the vascular and nervous systems, have one after the other been attacked with impunity. Ever since aseptic surgery came to be finally accepted and put into general practice, the advances have steadily continued until now no part of the human anatomy is any longer immune to attack by the surgeon. All of this has been accomplished with an astonishingly low mortality rate and an equally satisfactory percentage of recovery, not only of life, but of function as well.

The Johns Hopkins Hospital as a medical center has contributed its full share to this astonishing advance of the healing art. The list is a long one of the names of those both living and dead now eminent in the annals of medicine and surgery, who have received their training here or who from time to time have occupied positions of honor and trust in the Hopkins family. One could not live long in such an atmosphere without absorbing some of it, and without becoming infected with the scientific enthusiasm which manifested itself on every hand. Since my work had been confined exclusively to surgery, what I write here will deal more particularly with that specialty. However, the presence on the Johns Hopkins Faculty of such men as Welch, Osler, Kelly, Howell, Mall, Thayer, Cushing, Abell and others, and the original work done by them in the different departments of both medicine and surgery, could not but exert a wonderfully stimulating influence, which added greatly to that exercised by my honored chief, Dr. Halsted, upon the entire surgical procedure. There were, of course, marked individual differences in the attitudes of these leaders of the Hopkins School. Dr. Welch was imbued with the methods and ideas of the German school, having spent several years in Continental laboratories under the leading teachers of the new school of thought. Dr. Halsted and Dr. Kelly had spent much time under the same influence. Dr. Osler reflected more especially the English and French points of view.

At the time of the opening of the Johns Hopkins Hospital aseptic surgery had not as yet been born; only a few labor pains, so to speak, were in evidence, but when as a lusty infant it shortly afterward

appeared, Dr. Halsted at once became interested and had a large share in the development and perfection of an ideal aseptic surgical technique. He was tremendously interested in pathology as well as surgery, and excelled in his knowledge of pathological anatomy and the various pathological processes, and in his ability to recognize them either macroscopically or microscopically. As compared with Dr. Kelly, for instance, Dr. Halsted was not an especially skillful operator, nor was he dextrous in the use of his hands. He used his head better than his hands, which were rather large and inclined to be clumsy, but for the reasons just stated he was able notwithstanding to overcome this handicap and to obtain extraordinarily good operative results. This was because of his insistence upon the scrupulous observance of the fundamental rules of good surgery, such as the gentle handling of tissues, absolute asepsis, complete hemostasis, avoidance of all unnecessary strangulation of tissues by suture or ligature, accurate coaptation of wound edges and physiological rest of the part operated upon. At this time he was working alternately on his special operations for the radical cure of breast cancer, inguinal hernia, goiter, intestinal suture and a number of other problems, which one after the other attracted his attention, and for which his well-thought-out and painstaking efforts went a long way toward finding a satisfactory solution.

In the working out of these and still other problems, the Surgical House staff could and did render Dr. Halsted valuable assistance. We were encouraged to take up individual problems for study and investigation. Dr. Halsted, himself an individualist, was insistent upon each man's carrying out his own investigations with as little assistance as possible from others. He encouraged work in the laboratory as well as in the wards. Individual tastes differ. Personally, being of a rather practical turn of mind, I was always happier when working in the wards and operating room with patients than in the laboratory with animals, pathological specimens, test tubes or microscope. Persons rather than things were to me of far greater interest, and the clinical rather than the purely scientific side of surgery offered the greater attraction.

The Surgical Residents of the Johns Hopkins Hospital, beginning with Dr. Fred W. Brockway, were an outstanding group of men. Since my work brought me into close association with them, I came to know and to appreciate them as they passed along. Many of them, after going out from the Hospital, have occupied positions of in-

fluence and importance as teachers, investigators and surgeons in other medical schools and in private practice in various parts of the country. Some of them have done notable work and have made important contributions to the science and art of surgery. Since I was more intimately associated with the earlier members of this group, I have confined myself to them and a few of their activities. However, in addition to those mentioned, there were other excellent men, such as Miller, Churchman, Heuer, Dandy and Reid, and a younger group who are making themselves vocal in the surgical world by the character and extent of the work they are doing, and also by their publications. I am sorry that I haven't the space here to pay tribute to each one of them individually.

Dr. Brockway, the first Resident, was an interesting character, a New Englander born and bred, with many of the characteristics that are traditional in that part of the country. He was a good surgeon, and Dr. Halsted came to rely greatly upon his judgment in surgical matters. He later gave up surgery and went into anatomy on the staff of Columbia Medical School, New York City.

Following Dr. Halsted's lead, Dr. Brockway became engaged to one of the nurses, Miss Marion Turner, a member of the first class to enter the Nurses Training School, and in fact the first person to register in the Training School. Her home was in western Maryland. I was scheduled to act as best man at their wedding. I had left Baltimore by train in ample time for the wedding, but an accident occurred en route and delayed us several hours. As it was soon evident that I could not reach my destination in time for the wedding, I sent a telegram to that effect, telling them not to wait for me. However, the railroad authorities dispatched a special freight engine to the scene of the wreck, picked me up and took me to Mt. Savage, the home of the bride. I arrived seated in the cab of the freight engine, ringing the bell, an hour or more after the time set for the wedding. The time of my coming had been announced by the railroad authorities, so there was quite a crowd of guests at the station to receive me, as the wedding had been postponed until my arrival. After a quick change of costume on my part, the ceremony finally took place.

After Dr. Brockway came Dr. Hardy Phippen, who had been a member of the House Staff of the Massachusetts General Hospital when Thayer and I were there. He was an able and extremely nice fellow in every way, but for some unexplained reason he and Dr.

Halsted did not hit it off at all well; so Phippen did not stay long, leaving of his own accord, much to my regret, as he was a very warm personal friend of mine.

Then followed Dr. William H. Baltzell, a Baltimorean and a society favorite. He went a long way toward keeping up the average in dress of the surgical side, which ordinarily, with the exception of Dr. Halsted, did not compare well with the medical side, noted as was the latter for the size and variety of its members' wardrobes. Baltzell was a veritable fashion plate. His clothes in style and fit were the envy of the rest of the Surgical Staff and compared favorably with those of Billy Thayer, Lewellys Barker, Frank Sladen, and even approached the immaculate wardrobe of Dr. Osler himself, who in this respect was always the envy of the entire Hospital Staff.

Indeed in the matter of dress there was just at this time quite a rivalry between the members of the Medical and Surgical Staffs, led respectively by Dr. Osler and Dr. Halsted. Although their tastes differed, they were both very particular as to their dress. There were all kinds of rumors as to just who was Dr. Halsted's tailor and where he purchased the rest of his wardrobe. It was generally believed that the bulk of it came from London. One day at the Hospital, as I was walking down the corridor with Dr. Halsted, we met Dr. Osler, attired as usual in frock coat, striped trousers, top hat, and with a rose in his buttonhole, but strangely enough unattended by his staff. He was usually accompanied by a flock of them, but this time in some way or other he had slipped them. Very soon here came Billy Thayer, hurrying to catch up with "The Chief." He too was faultlessly attired. Following him and not far behind came Barker, as I recall, also in frock coat and top hat. As each one hurried by, Dr. Halsted, after exchanging greetings, cast an envious glance out of the corner of his eye after him. Last of all came Sladen in a great hurry. He was the epitome of sartorial elegance. This was a little too much. After Sladen had passed, Dr. Halsted stopped, turned around, and casting an admiring glance down the hall after the retreating medical men, remarked, "Fine dressers, these medical men, aren't they?" That tribute, coming from such a source, meant a great deal. Of course, very early the white wash-suits for use in wards and operating room replaced the ordinary street costumes of the members of the Resident Staff and standardized their dress.

Among the long list of Surgical Residents was one, who unfortunately has recently died, Dr. Joseph C. Bloodgood, who was in

many respects unique. He was an indefatigable worker and never seemed to tire. How he got so much work done with as little system as he had developed early in his career was always the wonder of his friends and associates. He was Resident Surgeon in the Hospital for a number of years, and after completing his Residency, he devoted a good deal of his time and attention to surgical pathology. By his studies he contributed largely to our knowledge of surgical technique and surgical pathology. As a result of his efforts, a Department of Surgical Pathology and a museum containing many interesting specimens of all kinds have been established at the Hopkins, a lasting monument to his energy and genius. After completing his Surgical Residency in the Hospital, he opened an office in Baltimore, married a lady from New York and built up a large private and hospital practice. He has made a lasting place for himself in the annals of surgery and of the Johns Hopkins Hospital.

Joe Bloodgood was popular with everyone and had a host of friends. The peculiarities to which I have referred were the source of many good stories and jokes by his friends at his expense, all of which he took good naturedly. Dr. Halsted used to tell a story about Joe shortly after his first baby was born. Dr. Halsted had been asked by Joe to see in consultation with him an old lady with a complicated Pott's fracture. The foot was very tender, and the necessary manipulation of it by Dr. Halsted produced a considerable amount of pain, which caused the old lady to cry out. Dr. Bloodgood, in his endeavor to comfort her, and influenced no doubt by the language in which he was accustomed to address his first-born, took hold of her hand, began to pat and stroke it, and in a soothing tone said, "Does 'oo tootsie-ootsie hurt 'oo?" This excited the old lady's indignation and drew her vigorous protest that she was "not a baby."

Speaking of Joe's wedding, Russell and I, who were great friends of Joe's, were asked by him to be his ushers on that happy occasion. So it was arranged that, as the wedding was to be in New York in the summer time, we should first go north to Nova Scotia on our accustomed vacations, and on the way back stop and officiate at the ceremony. We left on our vacation and had hardly reached our destination when we received a telegram from Joe, saying that for some reason or other the wedding had been advanced a couple of weeks and asking us to rearrange our vacation accordingly. This would have meant that we should have to change our plans and practically sacrifice our vacation. After consultation, we decided that

Joe would be so happy that he wouldn't really know whether we were present at his wedding or not, and as we were very loath to give up our vacation, we sent him a telegram saying that we were sorry, but that our plans were such that we could not change them, and he would have to be married without us. On the day of the wedding we sent a joint telegram of congratulations. Shortly afterward we received the following telegram from Joe. It was so characteristic that I kept a copy of it: "Sorry you were not present. Edith a joyous, beauteous, blushing bride. You missed a sight for the Gods. Joe." We both agreed that the telegram need not have been signed, for there was no one else in our acquaintance who would express himself like Joe.

One of the characteristic stories related about Joe, showing how busy he found himself to be at times, was that upon one occasion one of his acquaintances received an unsigned letter from him. Instead of his signature a postscript had been added in his own handwriting: "P. S.: I am too busy to sign this letter."

During the time that Harvey Cushing served as House Officer, George Walker was one of the internes. Cushing at that time had the reputation of being rather severe on his internes. He had a habit of calling them down pretty hard in public. This was resented by some of them, especially by Walker, who felt that at least it wasn't quite the proper thing for the Resident to criticize severely in public an assistant only a year or two his junior. One day after Cushing had been particularly severe in his criticism of Walker, and unjustly so in Walker's opinion, the latter waited in the dressing room until after the others had gone. He then called Cushing into the room, closed the door, turned the key, took it out and put it in his pocket. He then told Cushing that he had stood all of the criticism in public that he intended to stand, and demanded an apology for what had been said to him that day and Cushing's promise that it would not be repeated in the future. Failing to secure this, he said that one or the other of them would get the worst licking that he had ever had in his life before leaving the room. Cushing tried to pacify Walker, but his hot Southern blood was up, and nothing short of an apology and a promise would satisfy him. When these were forthcoming, they shook hands and left the room. Cushing kept his promise, for there was no further complaint on Walker's part of unfair treatment, and they were good friends thereafter. The trouble

was that each of them was temperamentally quick on the trigger, and neither had quite understood the point of view of the other.

At one time Dr. Halsted had appointed as House Officer a big, burly German from one of the foreign clinics. He didn't speak the language very well, and he had not been in this country long enough to get the American point of view. He was continually in trouble of one sort or another, either with other members of the staff, the nurses or his patients. A duel between him and one of the other internes was threatened on more than one occasion, but never came to anything. When Dr. Halsted went off on his vacation and I was left in charge, which happened shortly after the German joined the Resident Staff, I was constantly acting as peacemaker or trying to prevent the fellow from doing something foolish or worse.

During this period, a doctor from North Carolina entered the Hospital as a patient in one of the private wards of which the German had charge. They didn't get along from the beginning. The doctor, who was a little fellow, was a bit of a fire-eater. He was very nervous, and his trouble was of a painful character. He had previously complained bitterly of the rough manipulation by the House Officer, who was anything but gentle. One morning on my Hospital rounds I went into the doctor's room and saw at once that something was wrong. He greeted me with, "Doctor, I want to tell you right now, if that chuckle-headed German ever comes into my room again and puts the weight of his hand on me, I'm going to shoot him, and I've got the thing here to do it with too!" With that he leaned over to the table by his bed, opened the drawer and pulled out a fully loaded six-shooter which looked threatening enough.

Knowing the doctor, I knew he meant what he had said; so I felt that immediate action was necessary. After leaving the doctor's room, I sent for the House Officer. As he was a German, I felt he would not understand anything as final unless it was in the shape of an order. I therefore ordered him on the pain of losing his life not to enter that room again under any circumstances, and told him that I would not be responsible for what happened if he did. I finally got it over, and a homicide was thus averted. His reply to my command was one word, "So-o-o!", but it was most expressive.

During the visit of the King and Queen of the Netherlands to this country a number of years ago, a great deal of excitement was caused around the Johns Hopkins because of the proposed visit to the Hospital of the King and Queen. Of course, the great question

was who was to have the honor of escorting the Queen on her tour of inspection of the Hospital. By common consent it was decided that Billy Thayer would be the ideal one for the post of honor, as his knowledge of foreign languages and his well-known ability to dress the part, to say nothing of his personal charm, would fit him better for that position than any other member of the staff.

When the day came, the Queen, under Dr. Thayer's courtly guidance, was taken through various wards of the Hospital in the course of the inspection, among them one of the women's wards. Of course, Dr. Thayer was dressed for the occasion in his very best cutaway coat, white gloves, top hat, striped trousers and spats, and did the honors in the most approved style. After the tour of inspection was over, the nurses in the ward were very much interested in hearing the comments of the women patients as they animatedly discussed the royal visitors. They didn't recognize the real King, who was dressed in ordinary street dress, nor did the Queen herself seem to make any special impression on them, but of "that King," meaning, of course, Dr. Thayer, who had accompanied the Queen, they were most extravagant in their praises. Billy was known for some time afterward as "The King."

These incidents will suffice to show that life in the Hopkins Hospital was far from drab. Events were constantly happening, both humorous and pathetic, that brought out into strong relief the human element which is always so much in evidence where sickness and suffering are present.

Dr. Henry M. Hurd, affectionately known among the House Staff as "Hank," came to take charge of the Hospital as its active Superintendent shortly after the formal opening. He was a good executive and an interesting personality. He had an attractive, dry humor and a quaint way of expressing himself, which gave rise to certain characteristic phrases that came into common use about the Hospital. The House Staff liked him and appreciated and enjoyed his little idiosyncrasies. Whenever anybody had a special request to make, he would always send a runner ahead to interview Dr. Hurd on some pretext or other in order to ascertain whether or not it was a propitious time to make such a request. Dr. Hurd had good days and bad days, commonly reputed to have been due to a disturbed digestion. When this was in evidence it was not a favorable time to approach him for favors. On other days he would be smiling and approachable and willing to grant any reasonable request. The Resi-

dents soon learned that when they were in trouble, they could go to him and find a real friend, one who could be depended upon.

Other Hospital executive officials were Mr. Joseph Hopkins, a favorite nephew of Johns Hopkins, in charge of the Dispensary; Mr. L. W. Emery, Purveyor of the Hospital; Mr. James D. Leeke, Superintendent of Grounds and Buildings, and his assistant, Mr. W. H. Brady. They composed a very interesting, indeed quite a remarkable group.

Miss Rachel Bonner, the housekeeper, was a quaint little Quaker lady, and most efficient. She had a room at first in a rather secluded part of the Administration Building. The Medical and Surgical Residents had their rooms all together and occupied an entire floor. As the number of house officers increased, it became necessary to alter this arrangement. Great consternation was caused, therefore, when some months after the opening of the Hospital, the report got around that Miss Bonner's quarters were to be moved to the same floor as the Residents', who hitherto had been free to roam around at will in negligée attire. A conference of the House Staff was called to decide what should be done about it. Finally Jack Hewetson's suggestion was enthusiastically adopted; namely, to append ruffles to the night shirts of the Residents (this was before the days of pyjamas) and to put a bell on Miss Bonner.

Then there were, among other interesting Hospital characters, John and Charles, operating room orderlies, Robert at the front door, and Ben and Gus, the two colored waiters in the doctors' dining room. It was the universal opinion among the Residents that it was good policy to keep on the right side of these last two. And finally there was Mrs. O'Brien, scrubwoman in the Dispensary, an unusual character with an Irish brogue that would have meant a fortune to anyone who could have reproduced it on the stage.

The nurses who composed the first group at the opening of the Hospital were many of them unusual women. Miss Isabel Hampton, the first Superintendent of Nurses, was a woman of marked personality and striking appearance. She occupied the position of Superintendent of Nurses until June, 1894, when she was married to Dr. Hunter Robb, who was Resident Gynecologist on Dr. Kelly's staff. She was succeeded by Miss M. Adelaide Nutting, who served as Superintendent of Nurses until May, 1907. During Miss Nutting's regime a number of changes were made in the Training School. Among others, the course of training was lengthened from two to

three years. Miss Nutting was succeeded by Miss Georgina C. Ross, who served for a short time and was succeeded in turn by Miss Elsie M. Lawler, who is at present Superintendent. The Training School has indeed been fortunate to have as its guiding spirits a group of such outstanding women. These ladies in turn have had associated with them as assistants and instructors in the School an extraordinarily fine body of women. Miss Annie McDowell and Miss Louisa Parsons had both received their training in England. Miss Parsons had served with Florence Nightingale in the Crimean War. Miss Lavinia Dock, who had received her training in New York, also joined the Hopkins Staff shortly after the opening of the Hospital. She along with the others mentioned served ably for a number of years on the Teaching Staff. I should like to mention with a word of appreciation a number of other nurses who contributed greatly to the effectiveness of the work in the early days of the Hospital. Suffice it to say that they composed a group of capable and attractive women.

Dr. Osler was head of the Medical Department with Dr. Henri Lafleur as Medical Resident and Dr. H. A. Toulmin as Assistant Resident. Dr. Kelly was head of the Gynecological Department with Dr. Hunter Robb as Resident Gynecologist. The Surgical Staff consisted of Dr. Halsted as Chief, Dr. Fred Brockway as Resident Surgeon, Dr. George Clark as Assistant Resident and myself as Surgeon to the Dispensary. From this small beginning, the Johns Hopkins Clinical Staff has gradually increased until it has reached its present large proportions.

In addition to the department heads, the "Big Four," as they were commonly called, Dr. Welch, Dr. Osler, Dr. Halsted and Dr. Kelly, there was an active and interesting group of men as heads of the different departments in the Dispensary: Dr. W. D. Booker in the Pediatric Department; Dr. James Brown in the Genito-urinary Department; Dr. John N. MacKenzie in Nose and Throat; Dr. Robert Morrison in Dermatology; and Dr. W. G. Harrison, who was a sort of general medical superintendent of the whole Dispensary. From the beginning the Dispensary Staff worked in close co-operation with the House Staff. Each department had the benefit of the observation of interesting cases in the other departments.

Only a comparatively few patients were treated at first, but they soon began to come in increasing numbers. We had quite an active Surgical Dispensary Service from the beginning. A number of younger men started in the Dispensary as assistants in the hope of

gradually working up to positions on the staff. This idea was encouraged from the first and proved quite a valuable aid in training internes. Dr. Halsted at that time would begin his operations at eight o'clock in the morning. As no regular anesthetist had been as yet appointed, I was installed in this position, where I served for the first year until a permanent appointment had been made. Work in the Dispensary did not begin until ten o'clock; so from eight until ten I would spend my time as necessary in the operating room giving ether, which was the only general anesthetic in use in the Hospital at that time.

As a matter of interest, I may say that in all the thirty-three years that I worked with Dr. Halsted, the only compliment that he ever paid me was as anesthetist. On that occasion I was giving ether to one of his pet private patients. He was always interested in the administration of the anesthetic, so much so that his staff considered him rather fussy in that respect. Consequently, I felt very much set up when, after the operation, a rather difficult one that had gone very well, Dr. Halsted paid me the compliment of saying that I had given the anesthetic just to his liking. Needless to say, Dr. Halsted was little given to paying compliments to his assistants; in fact, I can not recall ever hearing him compliment any of them in public, and he had some excellent Residents too.

I used to spend my afternoons working in Dr. Welch's laboratory, chiefly with Dr. Councilman, whom I found a stimulating teacher. I recall that the first paper that I ever wrote was entitled, "The Causes and Treatment of Chronic Leg Ulcers," a common affection in those days. There was at that time an unusual group of men working in Dr. Welch's laboratory, attracted thither by the exceptional opportunities offered for advanced work. Many of these men subsequently left the imprint of their genius upon the profession: Mall, Abbott, Nuttall, Thomas, Williams, Flexner, Booker, Simon, Thayer, Lazear, Reed, McCrea and others. Dr. Halsted was closely associated with Dr. Welch in the laboratory, but Dr. Welch was the guiding spirit of the whole.

I lived in the Hospital for the first six months. This was a privilege, since other members of the Hospital Staff did the same thing. Thus the life in the Hospital in the early days was delightful. Living together as we did, Visiting Staff and Resident Staff, like one large family, was conducive to good fellowship and intimate companionship. I can recall with pleasure to this day many of the discussions

which went on among members of the group at meal times and in the evenings. The jokes played upon each other and the friendly banter between the members of the staff were amusing and entertaining. Dr. Osler, when he was present, was the life of the company. There was great rivalry between the members of the staff to get something on each other, and when a hit was scored, it was a signal for much hilarity and chaffing. Hard work in ward and laboratory was the order of the day with everyone, but some time was found now and then for exercise. Baseball and tennis were the favorite sports. To those who knew Dr. Halsted only in his later years, it may be difficult to visualize him as a tennis player, but he did play a good deal of tennis and played a good game, as I know from personal experience in playing with him (we were paired in the doubles matches).

At the time of the opening of the Johns Hopkins Hospital in 1889, the University of Maryland Medical School, located in Baltimore, was in a flourishing condition. It numbered among its faculty members a remarkable group of men, many of whom had more than local reputations. Among the surgeons were Dr. L. McLane Tiffany, Dr. Christopher Johnson and Dr. Allan P. Smith. In medicine there were Dr. Samuel C. Chew and Dr. I. E. Atkinson. Of course, at that time there were no real specialists. Everybody did a little of everything; so the health of Baltimoreans in general was very well taken care of. When the Hopkins group arrived on the scene, all of them being outsiders and specialists in their several departments, there arose at first a feeling of jealousy on the part of the members of the profession in Baltimore. This was only natural, but it was not long before the exceptional qualities, social as well as professional, of men like Dr. Welch and Dr. Osler, ably seconded by certain members of the local group, broke down what feeling of jealousy had arisen. It must be said that the Baltimore doctors, greatly to their credit, on the whole received the Hopkins group with exceptional cordiality. Before long satisfactory professional relationships were established, which have existed ever since.

In bringing about this happy relationship, the influence of certain social and professional organizations played a marked role. Among the older members of the profession there existed the "Medical Reunion Club," which had already been in existence for a number of years. It met monthly at the homes of the different members and furnished an opportunity for the members of the profession to get

together socially and discuss in a friendly way the various questions that arose from time to time. This Club still exists in a flourishing condition. The younger members of the profession formed just at the time of the opening of Hopkins the "Medical Journal Club," which met bimonthly. After the serious program had been finished, there was always a very pleasant social hour. This group performed an exceptional service in bringing together many of the younger men, representing the various schools (this was in the early days before the consolidation of the existing local medical schools into two main ones had taken place). These men have ever since been held together by close ties of friendship.

One of the moving spirits among this group was that prince of good fellows and excellent surgeon, Dr. I. Ridgeway Trimble, affectionately known to his friends as "Ridge," around whose hospitable board many delightful evenings were spent in professional discussions and social intercourse. Dr. Trimble's untimely death as a martyr to his professional duties left a void in the hearts of his devoted family and many friends which can never be filled. At the time of his death he was a member of the Surgical Staff of the University of Maryland. He died of acute septicemia, the result of an infection received from a patient upon whom he was operating for that trouble.

This tragic incident, which took place, of course, before the days of the rubber gloves, well illustrates the danger from infections of all sorts to which surgeons in those days were constantly exposed. It was then a matter of rather frequent occurrence for surgeons to pick up infections of various kinds. The surgeons and their assistants would be laid up every now and then with an infection of more or less serious character. On two occasions I myself picked up a serious infection of the hands, which necessitated incisions, the scars of which I carry today, and which kept me out of the operating room for long periods at a time. However, after the introduction of the rubber gloves, the protection furnished by them worked both ways; protecting the patient from infection by the surgeon's hands, and the surgeon from infection by the patient.

Those early days in the history of the Johns Hopkins Hospital were busy days for us youngsters, and happy because busy. Our life at the Hospital gave us the opportunity to come to know intimately, and to work with, an extraordinary group of brilliant and stimulating scientific medical men, an association which was a liberal educa-

tion in itself. It must be borne in mind that this was at a time when medical history was in the making. Advances in both medicine and surgery were constantly being announced, and medical men were kept on the alert to keep up with the rapid progress which was being made in both medicine and surgery. New vistas were constantly opening up, offering hitherto undreamed-of opportunities for adding to the field of knowledge and action of that time. Fortunate indeed were we who were permitted to see and to share in the advances of that wonderful period of surgical development.

VII. THE BUSINESS OF BEING A SURGEON

DURING MY first year in the Hopkins, my time was divided between giving anesthetics in the general operating room in the early mornings, working in the Surgical Dispensary in the forenoons and in the laboratory in the afternoons. This was a satisfactory arrangement, but there was no remuneration from it, and I soon felt that I must be getting out of the Hospital and into private practice in order to make a living. After careful consideration of the matter and consultation with my good Aunt Lizzie, she insisted upon coming down to Baltimore and keeping house for me while I opened an office and hung out my shingle. Thus again she came into my life and made it possible for me to begin practice in a desirable section of the city. So it was that we rented a house. Hal Toulmin, a member of Dr. Osler's staff, and his mother took rooms in the house, and he and I opened our offices there together. We had a pleasant time while we were thus associated, and we had begun to pick up a little practice when he received an advantageous offer from Philadelphia, which he felt that he must accept. I was therefore left to carry on by myself.

This was an unfavorable time, 1890, for a young doctor to start out in Baltimore. The Johns Hopkins Hospital was a new institution. The members of its staff were with few exceptions outsiders and were regarded more or less as interlopers by those physicians already established in Baltimore. The University of Maryland, an old, well-established, time-honored institution, controlled to a large extent the private practice of the community. Dr. Halsted was not at all interested in private practice; so I could expect no help from him. Thus I found myself in a rather unfortunate position, a comparative stranger, with no local backing except my membership on the staff

of the Johns Hopkins Hospital. It was some time before I was able to develop a paying practice.

In those days a private patient who could pay anything was a "rara avis" in my experience. I recall very well that one of my poor Dispensary patients referred to me a friend of his who needed an operation. It was an extraordinary fact, disadvantageous alike to both the Hospital and ourselves, that for years the members of the Johns Hopkins Dispensary Staff, of which I was one, had no right to admit patients to either the public or private wards in the Johns Hopkins Hospital without special permission of the chief of that particular service. So, having at that time no connection with any other hospital, the only place that I could operate upon a private patient was in his home. This I did, and after the patient had recovered from the operation, he told me apologetically that he had no money, but that as he was a tailor he would be delighted to make me "a fine pair of pants" in order to show his appreciation of what I had done for him. Well, as pants are a very necessary article in a young doctor's wardrobe, I gladly accepted the offer, and got a good deal of service out of that particular pair.

Aunt Lizzie and I lived together quietly and happily for about two years until I, following the Hopkins tradition set by my chief, Dr. Halsted, and followed subsequently by a goodly number of the Hospital Staff, fell in love with one of the nurses, Miss Mary E. Gross of Harrisburg, Pennsylvania, a member of the first class to be graduated from the Johns Hopkins Nurses Training School. When at last the income from my practice appeared to us sufficient to justify it, we decided that we would be married. Aunt Lizzie, insisting that no house had yet been built that was big enough to accommodate two housekeepers, announced that soon after the wedding she would leave us to our own devices and return to New England. This she did, notwithstanding our protests. I was sorry to see her go and missed her very much, as she had been all that a mother could have been to me for all these years, and I owed to her my education and opportunity to get started in life, but I appreciated fully the wisdom of her decision and reluctantly acquiesced. It subsequently turned out very happily for her.

So it was that we were married by my father in Harrisburg on the twentieth of April, 1892, and after a short wedding trip, returned to Baltimore. Here we have since lived happily, and here our four children and fifteen grandchildren were born. Speaking of the latter

reminds me that there is one office that I greatly enjoy holding; namely, President of "The Doting Grandparents Association of Baltimore," to which office I was elected by acclamation by certain other grandparents comprising the group.

Early in Aunt Lizzie's life she had become engaged to a young man, but for some reason or other their engagement had subsequently been broken. Later the young man had gone west, had married someone else, and eventually had turned out to be an excellent citizen. Meanwhile Aunt Lizzie had gone her way, had become interested in my brother and myself, and had been a fairy godmother to us. About the same time that she left Baltimore and went back to her old home in Massachusetts, her former lover, his wife having died, also returned. They again met, and since in the meantime conditions had changed, they took up the old love affair where they had left off, became re-engaged and were married. My brother, who by that time had become a full-fledged minister, married them, and I acted as best man at the wedding. To complete the story properly, "they lived happily ever after." I visited Aunt Lizzie a number of times before her death, which occurred only a few years after her marriage, and she was supremely happy to the end. She was a most unusual person, an extraordinarily beautiful character, whom to know was to love. My indebtedness to her for making it possible for me to accomplish what little I have done in life is simply incalculable.

Those early formative years, as I look back on them, were very fruitful. We were continually being thrilled by the reports of progress in every direction. We were doing operations then that a few years before we should not have thought of attempting. In looking back, I wonder at our boldness in undertaking certain procedures. Of course, in the first flush of success at triumphing over hitherto insurmountable obstacles, some errors were undoubtedly committed in attempting to do the impossible. However, the good judgment of the more conservative element of the profession finally prevailed, and surgical operations gradually came to be more standardized. Hospital ward, operating room and laboratory were making every effort, each to do its part in contributing to the vast progress made during this period.

As time went by, I found myself getting busier, but I can not say that my practice for the first few years was very lucrative, for my records show that for the first year my professional income amounted

to just slightly over two hundred dollars. It was several years before I was paying my way from the returns of my practice and laying a little aside for future needs. But I made an excellent investment, the best I ever made, when I chose my wife, as she had a good business head and could handle well the family finances, a matter in which the average doctor is sadly deficient, and I was no exception to the rule—rather, a marked example of it. From the beginning Mrs. Finney has been the business manager of our firm, and I have been saved by her from all unnecessary financial worry.

I do claim some indirect credit, however, for this happy arrangement, because early in my practice I had as a "Grateful Patient" an old gentleman, Mr. Elkan Drey. Born in Germany, he had left it because he did not like the German way of doing things. As he expressed it in his forceful way, "There the fellow at the top kicks the fellow below him, and he passes it on down the line, and Lord help the fellow at the end of the line!" Mr. Drey came to this country in the late forties and immediately joined the gold rush to California. Eventually he came to Baltimore and settled here permanently, where he made an excellent reputation for himself as an expert in financial matters.

Mr. Drey was well along in years when I first met him. He called me in professionally, and I found him suffering from an acute appendicitis, took him in at once to the hospital and operated on him. He was at that time well over seventy years of age, the oldest case of appendicitis I had as yet operated upon, a fact of which he was very proud. This was the beginning of a warm friendship.

One day he came to my office and said, "Doctor, it's none of my business, but I see you're raising a family, and you ought to be saving something each year out of your income to provide for them in the future. Are you doing it?" I had to admit that I wasn't, that I knew nothing about and wasn't at all interested in finances, though my common sense told me that I should be doing as he said. "Well," said he, "I have retired from business. I have, I believe, a good reputation in the financial world, as you will find upon inquiry, and I should like to stop in every now and then and instruct you in financial matters, especially in how to invest your savings." I thanked him very kindly and told him that I appreciated greatly his interest and his willingness to help me, but that, knowing myself, I was sure it wouldn't be worth his time or mine to waste his instruction on me, as I was hopeless so far as financial matters were concerned.

But I suggested that my good wife was interested in such matters, had a good business head, and that I was sure he could accomplish something worth while if he cared to take her on as a pupil. He said he would be delighted to do so, and Mrs. Finney was glad to co-operate. So regularly for months he used to come once a week and spend an hour or so going over financial matters with her and instructing her as to what constituted a good investment, etc., until he was satisfied that she was entirely competent to take over the management of our affairs. She has handled them efficiently ever since.

Meanwhile I had been building up a substantial private surgical practice, and at the same time I had been working steadily in the Surgical Dispensary and taking Dr. Halsted's place during his absence. Apparently I had been able to demonstrate to his satisfaction that I was capable of doing general surgery, at least, fairly well, for he began to turn over to me more and more surgical work, particularly the cases that he wasn't especially interested in or for some reason or other didn't care to do himself. This meant that I was kept pretty busy at the Hospital, and I must say that some of the cases assigned to me were of that variety commonly known around the Hospital as "lemons." He would turn them over to me with the rather casual remark, "Here, Finney, you do that one," or "You do this one," and I did it the best I knew how. All this time I was learning my surgery in the best of schools, that of experience, guided in precept and practice by Dr. Halsted.

For some years after the opening of the Hospital the bulk of the surgical work was done by Dr. Halsted himself. However, a considerable portion of it, which gradually increased as time went on, was turned over either to me or to the Resident Surgeon as part of his training. In Dr. Halsted's absence, and he usually took a long vacation of several months in the summer, I was left in charge of the surgical work of the Hospital. This meant doing all kinds of surgery except the specialties, such as gynecology, genito-urinary, eye, ear, nose and throat and the like. Thus for over ten years after the Hospital opened, I had practically no vacation at all except now and then a few days off.

I had wanted to go abroad for some time, as I was interested in further study of several subjects, and wanted to have the benefit of seeing the work of some of the continental masters. There never seemed to be a favorable opportunity to leave until finally the way did open up for a short visit. Our plans had been made, the tickets

bought, Mrs. Finney and the trunks were already in New York, and I was to take the night train preparatory to sailing the next day. However, that very day an umbilical hernia which had been bothering Dr. Halsted for some time suddenly became strangulated and required immediate operation. A friend of Dr. Halsted, a well-known surgeon, had recently settled in New York, having come there from Germany, bringing with him quite a reputation. Naturally I was, to my great relief, too young to be considered in the matter of operating on my chief, so the aforesaid surgeon was called upon, and he came down from New York prepared to operate on his arrival at the Hospital.

Everything was ready, and I had the honor of assisting him. That was just at the time when the controversy as to the respective merits of the antiseptic and the aseptic methods of surgery was at its height. Dr. Halsted had by that time developed a definite system, in which the aseptic method was gradually superseding the antiseptic. We members of the Surgical Staff of the Hopkins were keen on following Dr. Halsted's methods. However, had Dr. Halsted been a spectator at his operation, knowing him as I did, I felt that he might have been critical of the technique used. It seemed rather shocking to us, in our youthful enthusiasm and regard for Dr. Halsted, to see the many and glaring breaks in the technique of the operator, and to feel helpless to remedy them. However, "The Professor," as we called him, evidently had his luck with him, or Dr. Halsted's powers of resistance must have been excellent, for he made a satisfactory recovery without serious wound infection.

Needless to say, Mrs. Finney and I did not get our trip abroad that summer, as, with Dr. Halsted laid up, I had to stay at home and look after the surgical service.

I had hardly become well oriented in my work at the Hopkins Hospital when I was greatly surprised and not a little complimented by receiving from the University of Texas at Galveston a call to fill the Chair of Surgery in that University. The offer was in many respects attractive, but on thinking it over, and after careful consideration of my own qualifications, or lack of them, for a position of that sort, I could not help feeling that I was as yet too young and inexperienced to accept such a responsible position. Had it come a few years later, I should probably have accepted it with alacrity. However, I felt at that time that it would be better to remain in

Baltimore at least a few years longer in order to be more thoroughly prepared to fill a teaching position later.

Some years after, when other calls did come, first to the Presidency of Princeton University and later to the Chair of Surgery at Harvard University, conditions had so changed that I felt for various reasons I should rather remain at Johns Hopkins. I must admit that as each successive call came, the urge for one reason or another was at first strong to accept the offer and try a new field of endeavor. But after careful consideration of all the questions involved, saner judgment, as I now firmly believe, prevailed, and so my life has thus far been happily, and I trust usefully, spent in Baltimore. There is much, I am convinced, to be said in favor of the peripatetic life in the way of broadening one's outlook, but to one constituted as I am, to whom old friends, old associations and familiar surroundings mean much, frequent change of environment does not appeal. Hence I have been content to remain in one place for all these years.

One doesn't have to practice medicine or surgery very long before becoming impressed with the fact of the great difference that exists between hospital and family practice. Of course, this difference is more pronounced in surgery than in medicine because of the difficulty, indeed the impossibility, of carrying out in a private house the perfect aseptic technique necessary to do satisfactory work. In a properly regulated modern hospital, everything needed is at hand; in the average private house, nothing. One must take with one practically everything needed in a surgical operation in order to insure the desired results.

At the time of the opening of the Johns Hopkins Hospital, little private operating was done in hospitals. Ward cases made up the bulk of the surgery that was done there. In teaching hospitals ward cases were the chief source of material used in the various clinics. Thus it was that a large part of the surgeon's time was taken up in visiting and operating, when necessary, in the homes of his patients, not infrequently in the country, in neighboring towns or even in distant cities. This, of course, took up a great deal of time, and as everyone knows who is acquainted with the requirements of a modern surgical operation, the average home is ill-adapted for this purpose. Indeed, as a matter of fact, about the only things essential to a modern surgical operation that one could expect to find in the average home were fire and water. Fire was used for boiling and steriliz-

ing the water, as in those days much hot water was used both for irrigation purposes and for boiling towels, instruments and dressings that came into contact with the wound.

A suitable table on which to place the patient for operation was essential for the convenience and satisfaction of the operator. Many times have I used the kitchen table, the dining table, or the parlor table as an operating table. Such tables as a rule were so wide and low that either the operator or his assistant had to possess a supple back, a rubber neck, and very long arms in order to get along with any degree of satisfaction. Hence it was that the ironing board or a leaf from an extension table, placed upon two small tables, made the most satisfactory operating table to be found around an ordinary house.

We had to take along for use during the operation sterile agate-ware dishes for the solutions, sterile towels and sheets to cover the patient, dressings, and instruments. It was difficult to find anything that was large enough to accommodate the necessary paraphernalia. After struggling with these difficulties for years, the idea occurred to me to devise some plan by which these various obstacles could be overcome. With the aid of my assistant, Dr. Omar Pancoast, I devised a trunk about the size of the ordinary steamer trunk, a little longer and a little narrower, which opened at the end rather than the side. Folding legs were attached inside the trunk. Removable legs were also used for the tray of the trunk. Before leaving the hospital, the instruments to be used for the operation were selected and placed in an ordinary instrument kettle, such as that used for boiling fish, long and fairly narrow. The towels, dressings, sheets, gloves and other necessary articles had previously been carefully put up in towels, then sterilized and placed in the trunk, so that when we arrived at a house, we had with us everything necessary to be used in an ordinary surgical operation except fire and water. The trunk was then opened, emptied, and, open side down, adjusted as the operating table with the legs inserted at the corners. The instruments, already in the kettle, were taken to the kitchen, water was poured on them, and they were placed on the kitchen stove to boil without having been removed from the kettle. Then the hands of the surgeon and his assistants were carefully scrubbed, and the sponges and other materials were arranged on the trunk tray, which had been set up as an instrument table. By the time the instruments were boiled, everything was ready for the operation.

This folding trunk, in a good many instances, where special operating facilities were needed, proved itself to be a lifesaver. This idea of the operating trunk was subsequently appropriated by the U. S. Army. It was a boon to the surgeon and his assistants, for it could be hauled to the station and checked like any other trunk instead of our having to break our backs carrying big, heavy suitcases of instruments and dressings. "Red Caps" were not so ubiquitous in those days as now.

Fortunately conditions have changed for the better for all concerned. Now the question of operating at home rarely comes up; the only question is to which particular hospital the patient is to go. The present generation of surgeons, to say nothing of the patients, can hardly appreciate how fortunate they are. The following incidents illustrate some of the unavoidable experiences when the bulk of surgery was done in private homes.

One night I was called by telephone to go out into the country to a small village five or six miles from a railroad and a good deal farther than that from Baltimore. It was before the days of the automobile. On looking up the trains, I found that there was none that I could get until the midnight express for New York. As this did not stop at the station nearest to my destination, I called up the train dispatcher on the Baltimore and Ohio Railroad, explained the circumstances, and asked if he would stop the train for me at that station. He obligingly said that he would. Just before leaving my home to go on this call, I received another telephone message, calling me about twenty-five miles out in the country in the opposite direction for another emergency case. I explained the circumstances and said that I would get there as soon as I could get back from my first appointment.

I took with me as assistants Dr. Walker and Dr. Mitchell, and armed with my operating trunk we took the train to the station mentioned, having previously wired notice of our departure to the patient's family, who were to meet us at the station with transportation. In some way my telegram was not delivered to the patient's family, so there was no one at the station to meet us. It was about one o'clock in the morning of a pitch-black night when we arrived. The station agent told us that possibly we might get a team to take us where we wanted to go at a house about a quarter of a mile up the road from the station. Leaving Mitchell to guard our luggage, Walker and I started out to find the house suggested. We had great

difficulty in finding the house, which was surrounded by a picket fence. Walker, having practiced in the country early in his career and having had some unpleasant experiences with ferocious watchdogs on several occasions, pulled off one of the palings of the fence with which to defend himself in case of necessity. Since we were in a region where vicious dogs notoriously abounded, I followed his example, and we proceeded to the house, expecting to be attacked at any moment. We had agreed that if such were the case, we would get back to back in order to protect our rears and keep our palings moving. We finally got to the house, and as it was in the summer time and all the windows were open, I called to awaken someone. In a moment we heard a woman's voice from an upstairs open window saying, "Tom, wake up. Somebody's calling. I wonder where's Tige." She finally got Tom awake, and he came to the window. We told him our mission and asked him if he would take us where we wanted to go. He said, rather sleepily, that he would. We were curious as to who "Tige" was, and after the farmer had dressed and come down, we asked him. He replied, "He's the bitenest dog in this neighborhood. It's might lucky for you he wasn't home to-night." At which we heaved a sigh of relief. The farmer had to go out into the field and catch his horse and harness it to the wagon before we could get started.

We were finally transported to the home of our patient and found an acute appendix awaiting us, on which we operated at once. We had hoped to take an early morning local train back to Baltimore, but there had been so much delay that we were not able to finish the operation in time to catch this train. We went back to the station, however, hoping to get a passing express train stopped. This we were fortunately able to do, as the local agent flagged one for us. As this train did not reach Baltimore in time to catch the morning train in the opposite direction, which we were due to take, the conductor of the train dropped off at one of the block houses a telegram to the station agent in Baltimore, asking if he would hold the train fifteen minutes until the arrival of our express. We didn't know whether or not our request would be granted until we were getting off the train after its arrival in Baltimore. Then I heard one of the porters calling my name, and as soon as I answered, he said, "Doctor, will you hurry please? They are holding that train over there for you." We hurried across, took the train, and on arrival at our destination, operated on another appendix, which needed it badly. I

thought that this was a pretty good record—stopping two express trains and holding up another for fifteen minutes all within a few hours. This was on the Baltimore and Ohio Railroad, which I have always found extraordinarily accommodating.

On one occasion when I was called to the country to operate on a young man for acute appendicitis, a rather amusing incident occurred. Two brothers lived together in a farm house. The older brother was rather given to overindulgence in alcohol on special occasions. Being worried about his younger brother's condition, he had on this occasion fortified himself liberally, and by the time the operation was over, he was just able to tack from one chair or table to another.

At that time we were using in our surgical technique permanganate of potash solution, which has a deep red color. Being in the country, toilet facilities were at a premium, and we had an ordinary, large, wooden wash tub in the room as the general receptacle for all waste. Into this tub had been dumped all the slops that had come from cleaning up the patient, and when the operation was over, the permanganate solution was also dumped in. The tub by that time contained several gallons of fluid, which was thus stained a deep red. While we were cleaning up the room later, the older brother staggered in, tacked over to a chair near the tub, stopped suddenly and looked unsteadily for some time into the tub, over half full of bright red fluid. Then with a horrified look on his face and in subdued tones, he remarked, "My, but Tom must a' bled a heap!"

One of my assistants, who had a keen sense of humor, shook his head, put his fingers to his lips and said, "S-ssh," as if to say, "Don't say anything about it."

The drunken man replied very slowly, "I won't tell—I won't tell—," but in sober moments he must have wondered many times since how his brother had survived the loss of all that blood.

Another time I was operating in a private house upon a young woman. The nurse and the anesthetist were the only persons present besides myself. The patient had been anesthetized, and I was in the midst of the operation, which fortunately was not a very serious one, when a tremendous commotion was heard coming from downstairs. I could hear loud voices, and above everything else I could hear a man's voice demanding, "Where is that d—— doctor cutting up my sister? Let me get hold of him!" In spite of the protests and pleadings of a woman relative of the patient, the man insisted

on coming up. I could tell by the unsteady way in which he climbed the stairs that he probably was intoxicated.

Evidently something had to be done; so I left my patient to the nurse and met him at the top of the stairs, and as soon as he saw me, he began cursing me and demanding to let him get his hands on me. I asked him who he was. He said that he was the brother of the patient. I told him that if he thought anything of his sister, he would get downstairs quickly, as he could see from my operating costume and the blood on my gloved hands that I was in the midst of the operation. I warned him that if he didn't get out at once, it might go very hard with his sister. He still insisted on coming into the room. Then I felt that something drastic had to be done, so I went right up to him, and looking him straight in the eye, told him to get down those stairs double quick or I'd throw him down. I spoke in as commanding a tone as I was capable of using. He looked at me a moment, and evidently impressed with my tone and manner, he turned and with difficulty made his way down the steps.

After he had gone, I went back and resumed the operation and had just about finished when there was another tremendous commotion downstairs and a volume of smoke poured up the stairway into the room where I was operating. It was evident that something sizable was on fire. As the operation was about over, I told the anesthetist to leave the patient to me and hurry downstairs to see what he could do to put out the fire. I then went ahead as rapidly as I could with the nurse's assistance, closed the wound, put on the dressing, all the while with visions of passing an unconscious woman out the window to the firemen. Fortunately, between the anesthetist and the neighbors downstairs, although an alarm had been sent in, they were able to put out the fire before the arrival of the fire department. What had happened was that the brother in his drunken condition had, after going downstairs, attempted to light a cigarette, and his match had ignited the lace curtains on one of the windows. Luckily no serious damage was done.

This experience reminds me of another that I had one very hot summer day. I was operating upon a young fellow in his home. Because of the intense heat all of the windows were wide open in the second-story room where we were operating. The trouble for which we were operating, an ischio-rectal abscess, needed to be thoroughly cauterized as well as drained. As the operation was a short one, the patient was only lightly anesthetized, and when I applied the cau-

terizing agent, it must have caused a severe burning sensation, for instantly the patient began yelling at the top of his voice, "Fire! Fire! Fire!" We tried to stuff a towel into his mouth to stop him, but as he yelled still louder, we had to shut all the windows tight and send one of the family out into the street to tell the passersby that a patient drunk with an anesthetic was responsible for the disturbance and that there was no fire. However, the neighborhood was considerably excited for a time.

But of all the weird experiences that I have had in operating in out-of-the-way places and under extraordinary conditions, I think the time that I operated up in the country in Pennsylvania was perhaps the strangest. I had been called to go into a remote community to a farm house to see a poor woman who was suffering from a strangulated hernia that needed immediate relief. It happened that the only available room for the operation was the living room on the first floor. This room, like the whole house, was quite small. The furnishings of the room had been pushed over to one side in order to secure a space large enough for the operating table and for us to work in. The household consisted of the father, mother and two imbecile children, a boy and a girl of about twelve to fourteen years of age. There was no one to look after the children, and as there was no place for them to go, they were put behind the barricade of furniture at the side of the room.

When everything was ready as well as could be, we began the operation. I had one assistant. Since it was getting dark when we began, we had to operate as usual by lamp light. The children had hidden behind the furniture at the beginning of the operation, but before long every time I looked up, I would see two small heads bob down behind a chair or table and, impelled by curiosity, reappear again as soon as I turned my head away. It gave one a queer feeling to know that one's every movement was being watched by irresponsible persons.

The majority of emergency operations done in those days in private homes were for acute infection, usually appendicitis, but as this case illustrates, there were all kinds of exceptions. When one was called to go out into the country or to another city, it was always well to go prepared for almost anything, as one rarely knew just what one would find upon arrival. Many are the interesting experiences of one kind or another that I have had. I was not infrequently called upon to operate in out-of-the-way places in the different coun-

ties of Maryland, and even to cross the Mason and Dixon Line into the neighboring counties of Pennsylvania. Of course, it was all country, or at most small-town practice, and as usual the conditions under which the operations were done were very primitive. However, it was surprising the excellent results we used to get. Looking back over the character of the operations that we had to do and the circumstances under which they were done, I am amazed at what we were able to accomplish. The Pennsylvania Dutch stock was very sturdy and could endure a good deal, a fact that stood the doctor, as well as the patient, in good stead.

I was once sent for by a doctor friend of mine to see a case with a diagnosis of acute appendicitis. I went with my operating trunk prepared to operate. When I got there and examined the patient, I felt inclined to a similar diagnosis, but with some mental reservations. On paper it sounded like a fairly typical acute appendix, but when you examined the patient, a young girl of about seventeen or eighteen, one or two of the more characteristic signs of acute appendicitis were absent. Yet every surgeon knows that the really typical case of any disease is almost the exception rather than the rule. Since the girl was evidently ill, had a high temperature, rapid pulse, pain and tenderness in the abdomen, something clearly was wrong, but what was it? I told the doctor frankly that I had a question in my mind as to whether or not it was an appendix, since the clinical picture that she presented was not typical; but here she was up in the country, a long way from surgical help, and I had to go back that afternoon. I said that were she a member of my own family, with conditions as uncertain as they were, I should rather have the operation than go off and leave her as she was. The operation seemed to me the less of two evils. The matter was stated frankly to the parents, who were sensible people, and they said to go ahead and operate if I thought best, so I did.

When I exposed the appendix, it was slightly injected and swollen, but I could see at once that that wasn't what was causing the trouble, but since I should thank anyone for taking out my own appendix if he ever got his hands on it, I applied the same principle to her and removed it. I made as thorough an examination of the abdominal organs as I could through my incision, but could find nothing to explain her trouble, and closed the wound. She stood the operation very well, and I told the parents frankly that the appendix was not the cause of her trouble and that I could not satisfy myself as

to just what was, but that it would probably develop in the course of the next day or two. Frankly, the possibility of the real nature of the trouble did not occur to me, as this was my first experience with the simulation of appendicitis by a contagious disease. Hence the question of her exposure to any contagious disease was not raised. When I left, I asked the doctor to send me a telegram collect when he had found out the real trouble.

About thirty-six hours afterward, I received a laconic wire from him, one word, "Measles." Well, that was a new one on me. I knew that certain other acute infectious conditions may give rise in their early stages to abdominal symptoms very difficult to distinguish from an acute attack of appendicitis, but at that time I did not know that measles could do the same thing. As the girl went through her attack of measles all right, and it did not affect the healing of the appendix wound, everybody was satisfied.

Not two weeks afterward, I was called to see another case, this time a boy with almost identical history and symptoms as the case just reported. The clinical picture that he presented was suggestive, but not typical, of acute appendicitis. Then, too, the sister of the boy was ill upstairs with measles. With my recent experience I felt that this case was not an appendix, so I told the parents that I didn't believe that it was, related my recent experience with measles and stated that under the circumstances I preferred to wait a little longer. "Koplik's Spots" as a diagnostic sign for measles had not as yet been described. The next morning when I went to see him, I found him broken out with a typical measles rash from head to foot. I must say that I felt a little "chesty" over that experience, and thereafter I have made it an invariable practice to examine and question my supposed appendix cases with the idea in mind of possible measles.

It was not long after this second experience that I was called one evening by a doctor friend of mine, one of the best medical men whom I know, to see a boy, the son of another doctor, a friend of ours, who had symptoms strongly suggesting appendicitis. I happened to have told this doctor friend of my recent experiences with measles. Strangely enough, it happened that the sister of the boy in question was at that time sick in the house with measles. Knowing this fact and bearing in mind my recent experience with measles, we questioned whether this might not be another instance of the same sort, since the boy presented a rather atypical picture of appendicitis. It is traditional among surgeons that rare cases are apt to

come by twos or even threes. We examined him carefully and were possibly overinfluenced by my recent experiences and by the fact that this boy presented something that I have never seen in a case of acute appendicitis before or since, namely, his insistence on the nurse's rubbing his abdomen vigorously over the region of the inflamed appendix. Usually patients with acute appendicitis won't let you touch that area. Since the boy lived not far from our respective residences and since he did not appear to be very ill, we decided to let him go until the morning. However, about one o'clock that night I was called to come at once to see the boy in consultation with the doctor. It was recognized immediately that the appendix had perforated. We hustled the boy into the hospital right away and removed a gangrenous perforated appendix before daylight. He made a prompt and satisfactory recovery.

Both of us felt a bit humiliated that, overinfluenced by my experience with the preceding two cases and by the atypical clinical picture, we had failed to recognize a case of acute appendicitis until after it had ruptured. Hippocrates, the Father of Medicine, in one of his aphorisms, makes the unequivocal statement that "experience is fallacious and judgment difficult." Any doctor who has been in practice for a few years will bear willing testimony to the truthfulness of this statement.

An assistant of mine, who knew about my difficulties in differentiating measles from appendicitis, related to me a somewhat similar experience. He was visiting in North Carolina in the mountain district when he was asked by the local doctor to see a young woman who, he thought, might have a case of acute appendicitis. My friend, on seeing the patient, was at a loss to make a positive diagnosis, but bearing in mind my experience, he inquired about measles. As there was no known case of measles in the neighborhood, he thought that anyway it would be best to take the appendix out, as I had done, and went ahead with the operation. Like my first case, he did not find enough in the appendix to account for the trouble. He had to leave almost immediately after the operation, and profiting by my experience, he asked the local doctor to wire him collect, after the diagnosis had been made. Very much to his surprise, and I may say somewhat to his discomfiture, the doctor's telegram announced the case as one of smallpox. My friend fortunately had been previously vaccinated and escaped the contagion. Further inquiry revealed the fact that there had been several cases of smallpox in the vicinity.

These experiences illustrate the great difficulty the surgeon may at times encounter in the matter of diagnosis. It is now a well-established fact that the acute infectious diseases are not infrequently ushered in by abdominal symptoms, pain, tenderness, together with fever, rapid pulse, and characteristic blood changes, to such an extent that at times it is impossible to make an accurate diagnosis without an exploratory incision. Every well-informed surgeon knows that in such cases a correct early diagnosis is imperative in order to apply the proper remedy before it is too late. It probably does seem ridiculous to the uninitiated to think that appendicitis and measles or pneumonia, for instance, may be mistaken for each other, but let me assure anyone interested that, while the recognition of a typical case of acute appendicitis is one of the easiest things that a doctor is called upon to do, my more than fifty years of active surgical experience have taught me that an atypical case of appendicitis is one of the most difficult conditions that a doctor is called upon to diagnose. The same is true with regard to the operation for removal of the appendix. It may at times be the simplest and easiest of operations, while at other times, fortunately rare, its removal will tax to the utmost the ability of the most skillful surgeon.

After all, the really important question for the surgeon to decide in the case of any acute abdominal affection is not so much just what is the real diagnosis, but rather, "Are the symptoms presented of such urgency as to demand immediate operative relief?" The matter of the diagnosis as a rule may safely await the findings at the operation, but valuable time may be lost in undue delay before operation. However, there is at least one important exception to this rule; namely, in the case of acute lobar pneumonia. Five times in my experience have I been called by the family physician to operate with the diagnosis of acute appendicitis, when the real trouble was acute lobar pneumonia. Fortunately I was able to recognize the true condition in every case before operating, and a possible catastrophe was thus averted. However, in one of the five cases I happened to be in the country without my surgical outfit when called to see the case. Here the symptoms of appendicitis were so positive and those of pneumonia so vague that had I had available my surgical outfit, I should have operated at once. Fortunately, by the time that I got the patient to the hospital, the picture had changed sufficiently to make it possible to recognize the true condition of affairs. It was a narrow escape for us all.

It is extraordinary how at times one's enthusiasm for a certain procedure, especially of one's own invention, will run away with one's judgment. Unfortunately, it is not uncommon in surgery to find a man who has reported a certain novel procedure becoming so enthusiastic over it that he will apply it to a variety of conditions to which it has no relation. This is the origin of many of the "cure-alls" that one hears of, or sees so extensively advertised at times. Somebody discovers something and gets the idea that if it will cure one thing, it will cure another, and in this way the harm is done. Once when I was just finishing my morning's work in the operating room a certain well-known English surgeon was announced. I asked him to come in, and after an exchange of greetings, I expressed my regret that I was just finishing my morning's operating and that I had nothing more scheduled. However, a patient was waiting to see me who was supposed to have a lump in her breast. I asked the visiting surgeon if he would not like to see her with me and give me the benefit of his judgment in the matter. He said that he would be very glad to do so.

We went in and saw the woman, who was found to have a well-recognized condition of the breast, but one for which no wholly satisfactory treatment had as yet been discovered. After the examination, since there was no question as to the diagnosis, I asked the doctor what he would suggest in the way of treatment, and admitted that I personally was at a loss to know just what was the best thing to do for a condition of that sort. Without a moment's hesitation and with great assurance he replied, "Remove her colon and you'll cure the breast condition." At first I thought that it must be an English joke, but it soon became evident that it was not, and that the doctor was in dead earnest. I then asked him on what grounds he based his advice. After he had told me, I felt obliged to say that I could not wholly agree with his opinion. I then asked him if he had ever done the operation under these circumstances. "Yes, indeed," he said, "repeatedly and with excellent results." I couldn't help feeling a bit skeptical both as to cause and effect. I may add that the surgeon in question had long been an advocate of the removal of the colon for a variety of conditions, and I felt that here was another case where enthusiasm had run away with judgment. I mention this incident just to illustrate my point.

Presently I felt that the time had come when I must go abroad to see something of the foreign surgery, especially in Germany,

which at that time was supposed to be the best. So finally, in 1893, after much preparation and no little excitement, we got off. Mrs. Finney and I were accompanied by Mrs. Finney's sister and our first born, a lusty boy of about six months. We had a rough and stormy trip over, and we were all more or less seasick except the baby. It was the first and only time in my life that I have been seasick, but I made up then for all the times that I have failed to be, both before and since. I remember vomiting so hard that after I had given up everything that was loose, I began spitting up mouthfuls of blood. Ordinarily I should have been greatly alarmed at the sight of the blood, but in the state of mind and body in which I was at that time, I noted the fact without any interest whatsoever.

In making our arrangements for the trip, Mrs. Finney had had made a wicker clothes hamper with a top, and had had the whole thing covered with oilcloth. A comfortable mattress was fitted in the bottom of the basket. This was Johnnie's traveling kit when we were traveling, and when we had arrived, it was his bed. The idea was an excellent one and worked admirably with one exception. When we got to Vienna, the bedbugs, for which that city was then noted, became very much in evidence. The spaces in the wicker-work of the basket afforded fine places in which the vermin could hide. They took full advantage of the opportunity thus afforded. Since Johnnie was a fat, well-nourished little fellow, the bedbugs enjoyed a rare feast, much to Johnnie's discomfort. Indeed, it got so bad that before long he looked as if he had one of the eruptive diseases. We couldn't get rid of them by ordinary means, so from time to time we had to send the basket-bed to have it thoroughly disinfected by steam before we finally got rid of them.

On the trip over one of the passengers, a man past middle age, seemed to keep very much to himself and spent a great deal of time walking alone up and down the deck. We had brought with us a small pushcart for Johnnie's benefit, and I used often to wheel him up and down the deck in spite of the rough seas. This gentleman paid no attention to us at all except once when, as we passed him, he stopped, looked at Johnnie a moment and asked me, "First baby?"

"Yes, sir," I replied.

"You won't do this with the second," said he, and turned and resumed his walk without another word. Of course, I don't know what, if any, experience along this line he may have had himself—

he never said—but one thing was certain; he knew whereof he spoke, for we hadn't gone very far before we found out that traveling in Europe in those days with a baby was a good deal of a chore.

In Breslau I paid a visit to the Clinic of Professor Von Mikulicz, an extraordinarily interesting personality, who was not only one of the most finished surgeons on the Continent, but a very fine musician, and altogether a delightful person to meet. I enjoyed attending his Clinics and learned a great deal from hearing him lecture and watching him operate.

I can not forget an incident that occurred in his Clinic while he was busy doing a difficult and delicate operation in the surgical amphitheater crowded with doctors, medical students and nurses. While he was intent on what he was doing, something happened to the supports holding up the trousers of his operating suit, and down they came. The operation was temporarily suspended until needed repairs could be made, and no harm was done. The misadventure caused great excitement and amusement among the attendants as well as the audience, but the Professor retained his poise throughout.

Because I had a letter of introduction from Dr. Halsted, Professor Von Mikulicz kindly invited me to come to his home for dinner one Sunday. He and his charming wife had, as I recall, three small children, the youngest being about five or six. At the table were three governesses: English, French and German. The children were first taught French as soon as they were able to speak any language, then English, and finally German. The conversation at the table was first in one language, then in another, but the children were allowed to speak only that particular language in which they were being instructed. At the end of the meal one governess got up, bowed, and said, "Mahlzeit," first to Professor Von Mikulicz, then to Frau Von Mikulicz and finally to me. The next governess then did the same thing, and finally the third. After the governesses, the youngest child arose and went through the same ceremony, then the next oldest and finally the oldest. As this was my first experience with foreign customs, I wasn't quite sure what was expected of me, but when my turn came, I too got up, bowed and shook hands, first with Frau and then with Professor Von Mikulicz, with a "Mahlzeit" to each one. Then Frau Von Mikulicz arose, went up to her husband, shook hands with him, bowed with a "Mahlzeit" and then embraced him.

This ended the formalities of the dinner, a very interesting ceremony.

I was more impressed with the character of the work done in Professor Von Mikulicz's Clinic than in any of the other continental clinics. It seemed to me that the whole atmosphere, while ultra-scientific, was more human than that of the others, and certainly the scientific standard was very high. It was a pleasure some years later, when Professor Von Mikulicz visited this country as the guest of one of our surgical associations, to have the opportunity to return in kind some of the courtesies extended to me.

Dr. Halsted was always particularly averse to plastic surgery, such as operations for harelip, cleft-palate, and the like, and any work of this kind was turned over to me. I had had little instruction in such work except what I had learned at the Massachusetts General Hospital from Dr. Porter, who was interested in it. Since it was evident that I was to do most of the plastic surgery, I felt that I should like to learn more about it. There was a certain German surgeon in Berlin, whose name I won't mention, who had written on the subject and was at that time considered to be quite an authority. As I was especially interested in his work, I attended his Clinic with eagerness. I won't go into the details as to all I saw. I was so disgusted and outraged by what I did see that I never returned.

On that one occasion the patient was a young woman about twenty. She was wheeled into the operating room on a stretcher, then stripped of all of her clothing, lifted to the operating table and tied there by the orderlies with bandages binding her legs together and her arms to her sides, with her head pulled back over the end of the table and tied fast there in a most uncomfortable position. Thus she could not move her head, arms or legs, but could only cry. The whole procedure was brutal. There was no nurse present, only a maid, and the surgical amphitheater was full of doctors and medical students. When she cried from fright and from the rough handling, one of the orderlies would smack her on the side of the face and roughly tell her to shut up. When the surgeon himself came in, she was crying loudly and begging for mercy. He walked over and gave her a resounding smack on the cheek and in turn told her to be quiet. He then proceeded to do the operation, a most painful one, without a drop of anesthetic of any kind, believe it or not. The poor girl screamed and cried until she stopped from sheer exhaustion. The details of the operation are too horrible to

relate. I waited until after it was over, just long enough to go up and ask the operator—I won't call him a surgeon—why he hadn't given the poor girl an anesthetic. With a shrug of the shoulders he replied, "It wasn't necessary. We could hold her." Fortunately, that experience was unique, but I must say that it made me thankful to get out of Germany without having to have a surgical operation done on myself or any of my family.

The impression I received from the German surgery I saw, and in the best of the clinics too, was that in the main the surgeons were skillful operators, but it was at once obvious that one of the reasons why German surgery had advanced as it had at that time beyond the surgery done in most other countries, resulted largely from the apparent disregard for human life and suffering. They would attempt things that in most other countries would be considered unjustifiable. This was true to a limited extent in all of the German clinics that I visited. On the whole German surgery left an unfavorable impression. Though the results were fairly satisfactory, the human element was largely lacking. The patient was something to work on, interesting experimental material, but little more.

Just at this time the new operation for inguinal hernia was attracting considerable attention. Halsted in Baltimore had reported his method for radical cure of this affection. About the same time Bassini in Padua, Italy, had reported a similar operation. I was anxious to see him do his particular method in order to compare it with the Halsted method, with which I was of course familiar. I spent two or three days very pleasantly with Bassini in his Clinic and was much interested in observing the Italian methods of work.

The work of Kocher in his Clinic in Berne, one of the most productive on the Continent, was at this time attracting the attention of surgeons generally. Since goiter was notoriously prevalent in Switzerland, I was afforded an excellent opportunity there for the study and treatment of diseases of the thyroid gland.

The greatest disappointment of the entire trip was my failure to see Professor Bilroth at work in his Vienna Clinic. He had died shortly before my arrival, but I had the opportunity to see the excellent work done in his Clinic. It was evident that a master mind had directed and built up the work there, which was being very ably carried on by his successors. The name of Bilroth is one to conjure with in surgery. He was one of the greatest surgical teachers and contributors to surgical thought of all time. Many of the fore-

most surgeons at the head of many of the continental clinics had been former pupils of Bilroth and had received their training under him. Dr. Halsted always acknowledged with gratitude the help and inspiration that he had received from both Bilroth and Kocher.

While we were in Vienna, we attended a number of Johann Strauss's concerts. He was in his heyday just at that time, and I must say that even I could appreciate and enjoy Strauss's music. A great deal that is called music, I am sorry to say, is so far over my head that I am unable to appreciate it at all. It always reminds me of the fellow who, after listening for a while to a certain well-known speaker, was asked how he enjoyed the speech. He shook his head and replied, "De fodder was too high for de cow."

On another trip I made abroad, one of the places I especially wanted to visit was Sir Victor Horsley's Clinic in London. He was particularly interested at this time in surgery that had to do with the brain and nervous system. He turned out to be a delightful gentleman. Dr. Osler had promised to give me a letter of introduction to him before I left home, but he was called out of town suddenly, and I got off without the letter. Notwithstanding my failure to obtain a letter of introduction, I decided to stop and pay my respects and give him greetings from Dr. Osler, explaining that I had expected to have a letter from him.

I went to Sir Victor's home, mounted the steps and rang the bell. The maid was quite a long time in answering. In the meantime a dapper, pleasant-looking gentleman, whom I spotted at once as an American, came up the steps and asked if I had rung the bell. I told him that I had, but the maid was a little slow in getting there.

"Oh," he said, "I see you too are an American. Where do you come from?" I replied that my name was Finney and I came from Baltimore. "Oh, yes, you're Halsted's assistant at Hopkins. My name's Keen. I'm from Philadelphia." Of course, everybody knew of Dr. W. W. Keen of Philadelphia. I had never met him before and was delighted. He added, "Are you by yourself?"

"Yes, sir."

"So am I, and I hate like the mischief to go around a strange place by myself. Let's join forces."

Well, that was playing right into my hand, as I knew he would have the entrée everywhere, as he did. So for the next ten days I was the tail to the Keen dog. He had a number of invitations to dinner and lunch with the outstanding surgeons and was kind enough

always to ask if he could bring me along. I had a wonderful opportunity thus to meet a number of the well-known London surgeons, to attend their clinics and to visit their laboratories. I have felt under great obligation to Dr. Keen ever since, and I have learned much from him, both in watching him at work and in discussing surgical matters with him. Moreover, he was one of the most delightful and interesting surgeons I have ever known.

That man is a gregarious animal there is ample evidence to be found on all sides; for instance, in the great variety of clubs or societies of one sort or another, professional, social, religious, political, etc., without number. Aside from the obvious scientific value of the meetings of the various medical and surgical societies, these occasions make it possible to meet and come to know distinguished members of the profession, men who really think and act, and who are largely responsible for the advances continually taking place in the field of surgery. The meetings are always stimulating and instructive, as the papers presented at least bring up to date and often make a real contribution to the knowledge of the subject. One usually feels after attendance upon these meetings that the time has been well spent and returns home with new ideas to be tried out in one's own work. Acquaintance with different surgeons from all parts of the country in many instances ripens into lasting friendship. One can gauge much better the significance of a paper which is read if one knows the author personally and is familiar with the character of his work. These things, I believe, are the real value of medical society meetings.

I am thinking now of the old Clinical Surgical Society (the name it bore from the beginning), which was organized in 1903 and was the first of its kind in this country. Probably Harvey Cushing, A. J. Ochsner and W. J. Mayo should be given the credit for originating the idea of the Club. Later on James G. Mumford had more to do with its actual foundation than anyone else. G. W. Crile too deserves a large share of credit for getting the Club started. The meeting for organization was held in New York on July 11, 1903, at the home of George Brewer. On November 13, 1903, the first actual meeting of the Club was held in Baltimore, at which meeting the organization was perfected and the Club became a growing concern. The qualifications for membership were stated as follows: "Members are to hold teaching positions, be associated with institutions the Society may hope to visit, be engaged in some problems of research

and have demonstrated their eligibility by a creditable list of acceptable publications." This first meeting was held in the Johns Hopkins Hospital, and the program began with a clinic by Dr. Halsted, and the day was spent in attending clinics and demonstrations by various members of the Surgical Staff. There was a general feeling at that time that this was the beginning of something important. From this time on regular semi-annual meetings were held.

The Clinical Surgical Society was composed of the active young surgeons from the various teaching clinics of the country, from San Francisco to Boston. It was one of the most delightful and at the same time one of the most educational and stimulating societies of which I have ever been a member. It differed from other clubs in that it was formed with the idea of meeting in the hospitals of the various members, spending a day or so in each one and observing the methods employed in each. Thus each clinic was provided with the opportunity to show the character and extent of the work done there, and to demonstrate anything new that had been discovered. In this way, since the meetings were held twice yearly, every member came to know personally, in a comparatively short time, the heads of the various clinics, as well as to get a fair idea of the character and extent of the work done in each. Thus the younger surgeons profited greatly by the lessons learned from their confreres in other clinics. This was the first of these peripatetic societies to be organized. Dr. Osler was so impressed with the idea that he declared he would see to it that the physicians organized a medical society of a similar sort. The Interurban Clinical Club was the result. Now there are many similar societies around the country, representing all branches of medicine.

After a while it was suggested that the Society extend its activities to include trips abroad to visit the various foreign clinics. In the summer of 1910 we chose to go to Great Britain, where a similar society had already been formed as a result of the visit of two or three British surgeons who had attended our meetings. A group of about twenty-five members and their wives sailed on the *Mauretania* on June 22. This trip included a visit to Robert Jones's Clinic in Liverpool, where in one afternoon he performed twenty-eight orthopedic operations most skillfully and rapidly. We also visited the Clinic of Sir Watson Cheyne at Kings Hospital. The trip included a boating party on the Thames and tea on the terrace at the House of Parliament.

An amusing incident happened while we were in London, which gave rise to momentary amazement on the part of our British hosts. We were given a fine dinner at one of the famous London restaurants, by the Royal College of Surgeons. Everybody upon arriving assembled for dinner in the reception room. Before entering the room, each new arrival came down a long inclined hallway, which was brightly lighted. Here and there were flunkies who announced the names. Finally everybody had appeared except Dr. Edward Martin of Philadelphia. The time set for the dinner had passed, and both hosts and guests were getting a little anxious as to what had become of him, when down the brightly lighted corridor he was seen approaching with the flunkies one after another announcing him. Naturally everybody stopped talking and looked, and there came Dr. Martin immaculately dressed in every respect except that with his full dress suit he was wearing a pair of flaming yellow shoes. I happened to be talking to one of the English surgeons, and we both looked around as Dr. Martin's name was announced. The Englishman looked at him and looked again, then felt for his monocle, adjusted it, looked intently at Dr. Martin's shoes and then dropped his monocle without any remark, but thinking, I am sure, what strange people are these Americans. Of course, all of us who knew Ned Martin knew that he was quite absentminded and that probably in the haste of dressing he had neglected to change his shoes. We learned afterward that he had been taking a nap and woke to find it was almost dinner time. In his haste to get dressed, he had overlooked his shoes.

We spent some time with Sir Victor Horsley and had a day in Oxford with Dr. Osler. A dinner was given us by the Royal College of Surgeons in Edinburgh at which pipers in kilts brought in the "haggis" in traditional style. The final day was spent at the Clinic of Sir Berkeley Moynihan in Leeds. In addition to his wide reputation as a skillful surgeon, Sir Berkeley was noted for his ability as a speaker. I have never heard anyone who exhibited such facility in this respect or possessed such command of the English language. He always used the right word in the right place at the right time, and did it with ease and grace. He gave the Club a dinner one evening while we were there. As we knew that there would be oratorical fireworks after the dinner, after due consideration, we decided that John B. Murphy of Chicago, another Irishman, was best fitted to respond on our behalf.

We were not disappointed in our expectations. After the dinner, Sir Berkeley in his most gracious manner welcomed us and proposed a toast to the President of the United States. Dr. Murphy arose to reply. He prided himself not a little on his ability as a talker, and since he had known what he would be up against on this occasion, he had prepared himself for it. We thought he acquitted himself pretty well. But when he had finished, Moynihan took his turn, and it wasn't five minutes before Murphy's speech, as compared with Moynihan's, looked like a thirty-cent piece with a hole in it. Moynihan's was a perfect gem. Everybody was delighted with the pleasant evening except Murphy. After the dinner, I happened to be walking back to the hotel with him. He was very downcast. He knew that he had been beaten, and it was an unusual experience for him. I did my best to cheer him up, but it was no use. Finally I gave it up with the reminder that it was Irish pitted against Irish, but the trouble was that his opponent had red hair, while his was only black. That thought seemed to comfort him more than anything else.

This trip proved to be such a great success that we repeated it two years later in the summer of 1912 by a journey to the Continent, which included visits to Kümmell in Hamburg; Körte, Bier and others in Berlin; Payr in Leipzig; Lexer in Jena; Von Eiselsberg, Hochenogg and others in Vienna and Von Müller in Munich. From there we went to Tübingen, where we visited Perthes's Clinic; thence to see Hofmeister in Stuttgart, Wilms in Heidelberg, Enderlin in Würzburg and Rehn in Frankfurt. In Frankfurt we were fortunate enough to be able to visit Paul Ehrlich's laboratory and to have lunch with him afterward. From there we went down the Rhine to Wiesbaden, and on the way stopped at "Villa Lillie," the beautiful summer home of Adolphus Busch, the St. Louis brewer, where we were entertained handsomely. From there we went to Coblenz and then on to Bonn to visit Garré's Clinic.

Socially these trips were delightful, because each member was expected to take his wife along and sometimes other members of the family. Professionally they were very instructive and gave us the opportunity to see, under the most advantageous conditions, the work done in the best clinics abroad. Of course, our foreign trips were interrupted during the World War, and have been more or less sporadic since.

Another medical society in the origin of which I took part was the American College of Surgeons. The organization of the College

on May 5, 1913, in Washington, D. C., was an event of great importance to the surgical world. Approximately five hundred surgeons of prominence from all parts of this country and Canada gathered together at the invitation of an organization committee appointed by the Clinical Congress of Surgeons of North America at its meeting in November, 1912. This organization committee was composed of twelve prominent surgeons from various parts of the country, including one member from Canada. At this meeting in Washington a permanent organization was effected. The object of the formation of the American College of Surgeons was stated in its original prospectus to be:

...to establish and maintain an association of surgeons, not for pecuniary profit but for the benefit of humanity by advancing the science of surgery and the ethical and competent practice of its art; by establishing standards of hospital construction, administration and equipment, and all else that pertains to them; by engaging in scientific research to determine the cause, nature and cure of disease; by aiding in better instruction of doctors; by formulating standards of medicine; and methods for the improvement of all adverse conditions surrounding the ill and injured wherever found....

Much to my surprise and not altogether to my liking, because my tastes have always inclined toward private rather than public life, I was elected the first President of the College and served in that capacity for three years, during the organization period. It was then decided that it would be better to have the Presidency a rotating office and the term of service limited to one year. At that time there was a good deal of rivalry and some hard feeling between representatives of certain national medical societies. Naturally this feeling tended to be centered around the active, responsible members of the different organizations. It was generally recognized that the real originator of the idea of the College and the person who deserved the credit for carrying it out was Dr. Franklin H. Martin of Chicago. He was in many respects a remarkable man, a born organizer, a man of vision and a good deal of an individualist, as men of this type always are, but with it all a man with whom one could not be closely associated for any length of time without coming to respect and admire his many excellent qualities. I came to know him intimately during the three years he was Secretary and later Director of

the American College of Surgeons and I was President. Naturally, a man of his type, while he would make many fast friends, would at the same time antagonize certain people, and at that time there were a good many in the profession who, for one reason or another, or without reason, distrusted him.

Knowing this and having the interest of the College at heart above everything else, after its organization and immediately before the first meeting, which was held in Chicago, I called Dr. Martin to my room in the hotel to talk over the whole situation with him. I mention this now simply to show the kind of man Dr. Martin really was. His actions on this occasion raised him in my estimation beyond anything else that happened during our entire association. I told him that, since the organization of the College some six months before, I had received a good many letters and had talked with many interested surgeons. Everybody had been enthusiastic over the idea of the College and hopeful as to the good that it would accomplish in the profession, but quite a number had said that, although the idea was all right, they questioned the wisdom of Dr. Martin's playing such an important role in its organization and management. I had asked them if they had any specific reason for this feeling and had received no other answer than that there undoubtedly was a feeling that he wasn't just the man for the place. Nothing more specific than that had developed. Since the feeling had appeared to be rather widespread, I had thought it best to have this heart-to-heart talk with him.

At this interview I said that, as President of the organization, I should like to know from him whether there was any reason why he should not continue in his office as Secretary of the College. I told him I felt the College was too important a matter to let any personal consideration stand in the way of its complete success. He listened to me intently until I had finished, and then said, "Yes, I know that there are a number of people who question my motives and some who go even so far as to question my integrity, but I want to say to you, as man to man, that I am conscious of nothing that I have done in my professional life that would in any way reflect upon my honor or integrity. If I have done wrong, it was a matter of the head rather than of the heart."

Notwithstanding this very satisfactory discussion of the whole matter, I pointed out that, since there was this opposition in certain quarters, it was conceivable that it might develop serious proportions,

in which event it might be to the advantage of the College to have someone else in the office he then occupied. I suggested that my position would be much stronger in every way if he would put his resignation in my hands to be used at any time, if and when it seemed to me to be advisable. Instantly he sat down, took out his pen and wrote his resignation as Secretary of the American College of Surgeons, asking what date I would suggest for it to take effect. I replied, "No particular date; just make it 'when called for.'" He raised not the slightest objection. I assured him that nothing would be said about the resignation and that no one would know about it until the time arrived, if it ever did, when in my judgment it should become effective. From that moment I had the utmost confidence in his integrity and retained it to the end. A man who could act as he did about something which was as close to his heart as I knew the College of Surgeons to be to his, a man who could do what he did without a moment's hesitation, must command one's highest respect. I kept that resignation locked in my desk during the three years of my Presidency, and nobody ever knew that I had it except Dr. Martin and myself. At the expiration of my term of office, I tore it into bits in his presence and threw it into the waste basket.

I didn't always agree with Dr. Martin; far from it. I differed with him from time to time very sharply in matters of policy with regard to the management of the affairs of the College, but never in principle. Many a hot argument did we have, but I never for a moment doubted his integrity.

One matter which came up for consideration at that time was the question of the signing of a pledge by each Fellow as he joined the College. It was finally decided that a pledge should be required. The question then arose as to the particular form which the pledge should take and the wording of it. In order that it might be as nearly perfect as possible in subject matter, and be expressed in the best English, I went to my good friend, Dean Andrew F. West of Princeton University, who was considered a past master. The Fellowship Pledge was largely written and revised by him. It begins as follows:

Recognizing that the American College of Surgeons seeks to develop, exemplify, and enforce the highest traditions of our calling, I hereby pledge myself, as a condition of Fellowship in the College, to live in strict accordance with all its principles, declarations and regulations.

In particular, I pledge myself to pursue the practice of surgery with thorough self-restraint and to place the welfare of my patients above all else; to advance constantly in knowledge by the study of surgical literature, the instruction of eminent teachers, interchange of opinion among associates, and attendance on the important societies and clinics; to regard scrupulously the interests of my professional brothers and seek their counsel when in doubt of my own judgment; to render willing help to my colleagues and to give freely my services to the needy....

It can be truthfully said, I think, that while, like every other similar organization, it may not have in some respects fully lived up to the hopes of its organizers, the American College of Surgeons has exerted and continues to exert a wholesome influence on the practice of surgery, not only in the United States, but in the whole western hemisphere.

Among the various activities which early engaged my interest and have retained my attention during my professional lifetime, from none have I obtained more satisfaction than from my connection with the Union Memorial Hospital, as it is now known. This Hospital was incorporated on November 16, 1854, as the Union Protestant Infirmary, and owes its existence to a few ladies who felt that, since at that time all the hospitals in Baltimore were under Catholic control, a Protestant hospital should be established. Denominational feeling was then more pronounced than it is at present. The Hospital was begun in a small way in a house on Baltimore and Stricker Streets. Miss Margaret S. Purviance was the first President of the Board of Managers. She served in that capacity until her death in 1879. It is a matter of some note that among the first Trustees of this Hospital was Johns Hopkins. He served on the Board until his death in 1873. It is an interesting speculation as to whether or not his connection with this Hospital furnished the inspiration for the founding in 1889 of the Johns Hopkins Hospital.

The Hospital grew slowly, and finally a building was erected on Division Street near Mosher. This building had been opened for patients in 1859. When the Civil War broke out, it was taken over by the Government and used as a military hospital until 1863. It was reopened as a civil hospital in 1864. From that time on it gradually grew in size and influence. A Nurses Training School was inaugurated in 1890, probably stimulated by the opening of the Johns

Hopkins Hospital the year before with its Nurses Training School, which was the first to be established in Baltimore.

My connection with the Hospital began in 1891. I was beginning to pick up a fair private practice and needed hospital facilities where I could operate, since at that time such privileges were not available to me at the Hopkins Hospital. It seemed to several of us who were just starting out that the Union Protestant Infirmary offered great promise, under proper management, of developing into a really first-class hospital.

The ladies of the Board of Managers, who had entire control of the Hospital, were very capable. Indeed, from the beginning I have never had the pleasure of working with so able and willing a group as has always composed the Board of Lady Managers of the Union Memorial Hospital. They have been at all times co-operative and ready to make needed changes to keep the Hospital in the forefront of progress. It was a privilege to work with these ladies, the Board of Trustees, the nurses and the staff. It can be truthfully said that during all these years no friction has developed; there has been only the heartiest team work on all sides. For this reason the Hospital has been able to reach the proud position it now occupies in the community.

In spite of repeated enlargements and additions to the Hospital, it outgrew its equipment. Then, too, the character of the neighborhood in which it was located was rapidly changing, so that it was being surrounded by a colored population which had no adequate hospital facilities. This emphasized the need for moving the Hospital to more commodious quarters in a different part of the city and leaving the old building for the establishment on that site of a hospital for colored people. The idea took and grew by leaps and bounds, and in 1917 a campaign was started to raise money for a new site, build a new hospital and turn the old one into a hospital for colored people. The United States entered the World War at about this time, and the plan stopped temporarily, since about forty per cent of the Visiting Staff and a large number of the nurses volunteered for service in France.

In 1919, after the World War was over, the matter was again taken up, and a public campaign for \$750,000 was launched amid great enthusiasm. This sum was more than raised, and the present building was erected. The name of the Union Protestant Infirmary was changed to the Union Memorial Hospital in June, 1920. This

was done because it was felt that a hospital was no place to emphasize sectarianism in religion and should be open for sick people irrespective of religious views and connections. The term "Union" was retained, and the old word "Infirmary," which was out of date, was replaced by the more modern term "Hospital." The "Memorial" idea was quite an asset, and the Hospital was the recipient of many gifts as memorials to individuals, too numerous to mention here. The Children's Ward was a gift from Mrs. Thomas P. Stran; the Dispensary from friends of Mr. Howard Bland; the Nurses' Home and present Children's Ward from the Johnston Fund; the Bauernschmidt Building and a large endowment from Mr. Frederick Bauernschmidt. I wish it might be possible to describe more fully these wonderful gifts and other smaller ones, which have added so much to the equipment and consequent usefulness of the Hospital. However, I shall give some of the details of one of the gifts.

In the Book of Proverbs there is to be found the following proverb: "Cast thy bread upon the waters, and it will return to thee again after many days." Like many of the other wise sayings in this book, this one has a variety of applications. I was once consulted by a gentleman whose sister, an elderly lady, had unfortunately developed a serious surgical condition which demanded immediate and special attention other than operative. The gentleman in question came to me much distressed over the predicament in which he found himself. He had been informed that because of the nature of her trouble, no general hospital would receive his sister for the needed surgical care. What should he do? I told him I was sure that I knew of one hospital at least, the Union Memorial, that would take his sister and care for her as long as necessary, no matter what her condition was. He seemed incredulous at first, but I called up the Hospital and at once made satisfactory arrangements, and she was admitted to the Hospital and cared for there until her death some months later.

I had several times discussed with this gentleman the function of the Hospital in general and the place it should occupy in the community, especially its relationship to people of moderate means. These conversations were held without the slightest idea on my part of influencing him in any way, and with no thought whatever that it might have the effect it apparently did have. Great was my surprise, therefore, when some years afterward I received word that he wished to see me. When I called, I found him laid up in bed with an illness that had troubled him for a long time. He opened

the interview by reminding me that he had not forgotten the conversations we had had when his sister was ill, and reminded me especially of the discussions as to hospital care for people of moderate means. He went on to say that he was making his will and that he had set aside a considerable sum of money which he proposed to devote to the construction and equipment of a building connected with one of the hospitals, to be built and endowed for the use of people of moderate means. Did I think the Union Memorial Hospital would be interested? I told him that I thought that it would be very much interested. The only conditions he had to suggest—they weren't really conditions—were that the proposed hospital wing should bear his family name and that the work should begin at the earliest possible moment, as he was anxious to live to see it completed. I am glad to say that he did, and that this building, the first to be erected in this country for the care of people of moderate means, has been doing excellent service in the accomplishment of its purpose ever since.

This incident simply goes to show that a kindly act is rarely without some return, soon or late. It would have been easy enough for any or all of the hospitals to have turned this lady down, and there would have been some theoretical justification for it. But one can not get away from the fact that the only excuse for the existence of a hospital is to take care of sick people; and the corollary to this is that the hospital should adapt itself to the needs of the patient rather than insist that the patient should conform to any arbitrary regulations of the hospital authorities. In other words, the patient and his welfare, and not the hospital and its administration, should be the prime consideration in the care of the sick. The lesson that impresses itself on the mind of the thoughtful person, doctor or layman alike, is that the humanitarian should take precedence over every other motive, however important the others may be, in hospital management.

The best thing that can be said, and that truthfully, of the Union Memorial Hospital is that there the needs of the patient are always the first consideration. For this happy condition of affairs the credit is largely due to Miss Roberta Ball, Superintendent of the Hospital for many years, under whose wise and kindly guidance the Union Memorial has earned its well-deserved reputation as a hospital whose administration is marked by humane consideration for its patients. I don't know any hospital that has a homier, more friendly atmosphere. Letters and messages from patients past and present con-

stantly testify to this effect. I quote extracts from one letter just received. The author of this letter was not a patient of mine, nor had I known her previously. We had mutual friends, and knowing that she was a stranger in the city, I stopped in to see her and told her that I should be glad to act as "next-friend" while she was here. The complimentary references to me, it must be remembered, are those of a grateful patient and must be discounted accordingly. The letter was written to me after her return home:

It was so very kind of you to take such an interest in an absolute stranger and to give us so much of your time. Anyone who has you for 'next-friend' is indeed lucky, and after the doctor's report to us, I came back home a very different person, happy and no longer frightened.

From the Resident Physician down to Mary, who cleaned my room, there was always such consideration and friendliness, it seemed as if from each corner of the Union Memorial was reflected your own kindness and cheer. I am sure that is the secret.

To receive letters and messages such as this when they come right from the heart, as this one evidently does, makes one feel that life is really well worth while. It impresses one with the great value that is often put by the recipient upon little acts of human kindness, and with the great opportunity that comes at times to everyone, especially the doctor, to render such a service, if only he is ready and willing so to do. Then too, how often does it not happen that the happy effect upon the beneficiary is out of all proportion to the service rendered.

VIII. CHESTER AND OTHER PLEASURES

IN THE early nineties Dr. W. W. Russell was a member of Dr. Kelly's staff in the Gynecological Department of the Johns Hopkins Hospital. He was about my own age and one of my closest personal friends. Presently the time arrived when we each had a growing family, and both of us had become very busy with our professional work. The question had become quite acute as to just how much vacation we each should and could afford to take, and where was the best place, all things considered, in which to spend it with our families. We both preferred the sea shore to the mountains. So at first we tried the Maryland sea coast at Ocean City, then New Jersey at Cape May, next Rhode Island at Jamestown and finally Cape Cod at Wianno, but all had the same fatal objection, namely, that they were only a few hours distant from Baltimore by train, and we were constantly having our vacations interrupted by urgent professional calls from home. A doctor can never be sure of his time. Often while he is off on a vacation, an emergency of some sort arises and breaks in on his vacation time and plans, and there is nothing to do but respond to the call. During the summer that we spent in Jamestown, Rhode Island, I had an experience which taught me a valuable lesson.

Jamestown is on an island opposite Newport. One night I was called by the local doctor to see with him a young woman who had an acute case of appendicitis. There was no hospital on the island, the ferry boats, which in those days ran at intervals up to a certain hour at night, had stopped, and it was blowing a gale, so hard that no small boat could get across to the mainland. The patient needed an immediate operation. The doctor, who was not a surgeon, had no surgical instruments except a small pocket case, and I had none at all. What should we do?

Fortunately there was a drug store on the island, and we were able to get gauze, bandages, ligature material and ether, and there was a nurse available. Since the case was so urgent, I felt it imperative to go ahead, even with the limited instruments that we had. These consisted of an old-fashioned curved knife, one artery clamp and a pair of scissors, the contents of the doctor's pocket case. We used bent silver spoon-handles for retractors and borrowed needles from the women. After carefully sterilizing by boiling everything that we had available, we went ahead. The case proved to be of the fulminating type, but fortunately had not yet ruptured. We performed the operation with some difficulty because of the limited facilities, but everything went along satisfactorily, and within two weeks I was playing golf with the patient, and I may add that she beat me too, for she was a skilled golfer and I wasn't.

The lesson I learned from this experience was never to go anywhere for any length of time without taking with me, in a special handbag for that purpose, the materials, instruments, dressings, etc., necessary to do at least an emergency appendectomy, and on more occasions than one I have been thankful to have had the necessary "armamentarium" with me.

As Dr. Russell and I were anxious to keep our vacations free at least from the recurring calls from Baltimore, we decided, after talking matters over, that the only place at all suitable for us was one so far away that we could not get back in time to care for emergencies, and the other less urgent cases could await our convenience. One or two of our friends had spent the summer at Chester, Nova Scotia, and their accounts of its beauty and many other attractions were so enthusiastic that we were anxious to see it. Therefore, when I received an invitation from the Maritime Provinces Medical Society to come up to Fredericton, New Brunswick, to their annual meeting and read a paper, I persuaded Dr. Russell to go along, and we accepted the invitation of our friend Dr. Charles E. Simon, to stop off in Chester, Nova Scotia, with him and Mrs. Simon at their summer home, and take a look around. We were there only a day or two, but that was enough. We both fell for it at once and decided that this was the place we had been looking for. Before we left, Dr. Russell had rented a house on a beautiful point overlooking the Bay, and I had selected a house on a small island in the harbor.

I think, in looking back over the intervening years, that I never did anything in all my life that turned out more satisfactorily than

this investment, particularly as regards the health and well-being of my entire family. I look back with the greatest pleasure to the time when our children were young, to the happy, wholesome days we spent together on "Little Fish," the name of the little two-acre island on which we lived. There was at that time a particularly fine group of children among the summer residents of Chester. They would usually congregate on Little Fish, twenty or more of them, and play games of all sorts and go bathing under the watchful eye of "Hank" Shaw, the tutor of our boys, now a popular and successful surgeon in Los Angeles. This gave rise to the name by which the island was then commonly known, "The Chester Day Nursery." When the boys were little, we always had as tutor and "big brother" for them some responsible teacher or medical student. That Chester is an ideal place for children, I think everyone who has been there will agree. At least my own children and their friends who are familiar with its advantages are unanimously of this opinion, which is also shared by my grandchildren, who are now getting big enough to enjoy what it offers.

It would be hard to find a more beautiful place than Chester, with its combination of sea and land. The marine views, dotted here and there with green islands, bounded by rocky shores and sandy beaches, can not be surpassed. Mahone Bay, at the head of which Chester is situated, has been compared by some to the Bay of Naples. As regards beauty, it would be difficult to decide between them. Each in certain respects is more beautiful than the other.

Chester offers many wholesome sports with which one can amuse oneself. The temperature of the water is a bit lower than most bathers prefer, but I have always found it delightfully invigorating. Deep-sea fishing for those who like it is always available. None of us ever cared especially for it. To be sure, we used to enjoy now and then the tuna fishing, but that resolved itself into a question more of brute strength than of skill. Though tuna fishing has of late been quite the rage, to my mind it is a much overrated sport. One likes to be able to say that he has caught a tuna, but having done it once, I, for one, am perfectly willing to let the other fellow catch all the rest. To me there is nothing comparable to the trout and salmon fishing in the streams that abound along the shores of Nova Scotia. Give me a good lively salmon or grilse (young salmon) just in from the sea with the sea lice still sticking to him, on a light six-ounce rod and tackle to match, and you can have all the other fishing that

you want. Compared with this, salt-water fishing seems very tame. To know that a salmon is in a certain pool and to try with every fly you have in your fly book to entice him is a sport worthy of your best efforts, especially when the salmon comes to the surface now and again to look the fly over and to make you wonder whether or not this particular one will suit his fancy. When you find the fly that pleases his taste, and the salmon comes for it with a rush, sometimes jumping clear of the water, there are few thrills that equal the sensation. And then when he finds that he is hooked and rushes and jumps several feet out of the water trying to get his tail over the line to tear the hook out of his mouth, dashing this way and that way, and you alternately reel in or let out your line, in order not to have too much strain on it and not to let him get out too much, you have a real struggle on your hands, particularly if you have light tackle, to outwit his various maneuvers and finally bring him to gaff. This experience will not only make you forget all your troubles, but will tax to the uttermost your skill as a fisherman.

The fishing trips we used to take to the neighboring rivers and lakes were among the most delightful experiences that we enjoyed in Nova Scotia. On one of these trips my good friend, the late Bishop Murray of Maryland, who was himself an ardent fisherman, was with us. He was an excellent fishing companion and delightful company. We were sitting around the fire on the ground, cooking and eating our lunch, always one of the attractive features of the fishing trips, and drinking out of bottles Canada Dry Ginger Ale, our favorite beverage on these trips. I was telling a darky story which struck the Bishop as being particularly funny. He laughed and laughed. Finally he lay back on the ground on the flat of his back, kicking his feet up in the air and waving a sandwich in one hand and a ginger ale bottle in the other. I told him then that I should have given a good deal to have had a camera along and to have taken a picture of him in that position, bottle in hand, to send to some of his good old lady parishioners in Baltimore. It would certainly have needed some words of explanation.

Mahone Bay is sheltered and free from the sudden summer storms so common in the Chesapeake Bay region and is therefore excellent, and comparatively safe, for sailing. We used to do a good deal of sailing up and down the shores and out among the islands in the good ship *Meemie* (named after my daughter), a forty-five-foot schooner built for me at the local boat-building establishment. She

was one of the staunchest, fastest small craft I have ever sailed in; at least I used to think so, and I wasn't the only one, though perhaps I was prejudiced.

One time when I was at the tiller and all weather signs pointed to an impending, what the natives called, "breeze of wind," we were on a lee shore with rather ominous rocks in the offing. I called my skipper and said to him, "Warren, here, you come and take this tiller."

"Oh, go ahead, Doctor," said he, "you're all right."

But I insisted, as I knew my limitations, and he relieved me. The expected blow broke very shortly, and for a few moments we were in rather a ticklish position, but Warren was an expert, and we got out all right. In the course of his maneuvers he did something the significance of which I didn't quite understand. Later I asked him, "Warren, why did you do that (referring to the particular thing I hadn't understood) at the height of the blow?"

He looked at me with a surprised expression and said, "Why, what else could I do?" Sailing is a reflex to these people; they don't have to think.

Another time when there was quite a stiff breeze blowing, we saw a certain preacher, a summer visitor to Chester, who was evidently in trouble with his motor boat, a thing that happened frequently with him. The motor had stopped. We went to see what we could do to help him as he was drifting aimlessly about. When we got over to him, I called to ask whether there was anything we could do. He said, "Yes, if you don't mind towing me home."

I said, "What's the matter?"

"I don't know," he replied, mopping the perspiration off his brow, "but since I've been working over this boat out here for the last hour or so and getting nowhere, I've been thinking. I've come to one conclusion: either I'll have to give up preaching or quit trying to run a motor boat. I can't do both with justice to either." I couldn't make out whether the strain was chiefly felt on his character or on his vocabulary, but we gladly gave him a tow home. I think he gave up trying, for I never saw him out in the motor boat thereafter.

Sometimes we had picnics on the neighboring islands. We would get an early start, sail out to one of the outer islands, and then, after having anchored the *Meemie* and with the knowledge and wholehearted approval of the fishermen, we would row out to some of their lobster pots and help ourselves to as many of the very finest

lobsters as we could possibly eat. Building a fire of driftwood, we would proceed to "roast" them, as they call it, over the coals. Anyone who has never tasted a freshly caught lobster, roasted over hot coals, with the usual fixings, melted butter, Worcestershire sauce and clam chowder à la sweetheart (a local recipe); potatoes boiled in their jackets in sea water; corn on the cob and hot coffee freshly made; and all this eaten in the fresh, crisp Nova Scotia air while seated around a blazing fire, has something yet to live for.

In addition to sailing and fishing, we used to have great sport boat racing. There was keen rivalry among the various amateur skippers, some of whom became expert sailors. In the excitement of the races at times some of them would take all manner of chances in order to win. Fortunately no serious accidents resulted. The Annual Yacht Club Cup Races held in Halifax were competed for regularly by the Chester yachts, which sailed up along the coast from Chester to Halifax, a distance of approximately fifty miles. The races were sailed in the open ocean, and at times the going was quite exciting, even dangerously so.

On one of these races, two of my sons took part as members of the crews of two different yachts. After the race was over, the crew of the boat in which my older son had sailed decided to start back for Chester. There was a skipper aboard who, before they had gone very far, recognized the signs of an approaching storm and knew enough to put into a harbor, where they spent the night safely. The crew that included my younger son decided they would take a moonlight sail back to Chester. They did not notice as they left Halifax that although the moon was then shining brightly, the storm signals were up. They had hardly started when it began to blow, but boylike they kept on. The sea soon became very rough, they lost their tender, then their mast (they were sailing in a sloop), and the wind was blowing on a lee shore of shoals and jagged rocks. They were in a pretty desperate plight. Fortunately three of the four boys were excellent sailors. The other one had retired to the hold, having passed out from seasickness. By good maneuvering the others were able to cut loose the portion of the mast overboard and to fasten a storm jib to the stump of mast left, which gave them enough sail area to keep them off the rocks, which were very close and threatening.

It was a bad night for me. Knowing the boys as I did, I was perfectly sure that they were out in the storm, so there wasn't much sleeping on the island that night for Mrs. Finney or me. It blew

great guns all night. I got up early in the morning, rowed over to the peninsula and walked out to the end of it to see if I could see anything of the boats, which I was sure were out. It was still blowing hard. Presently I could see coming through the mist a dim outline of a boat, dismasted and limping along under a piece of a sail lashed to the stump of the mast. I recognized her after a while as the boat on which my younger son had sailed. I knew that the crew had consisted of four young fellows, but I could make out only two on the boat, which gave me a very unpleasant feeling inside. As the boat drew nearer, I could make out that neither of the two was my son, which didn't help matters. However, as the boat came in fairly close, I saw a head come up from the hold and recognized it as belonging to my son. That was cause for great rejoicing. When the boat had come in close enough to answer my signals, the fourth member of the crew had appeared, and I knew they were all safe. It was a dreadful experience all around, and but for the excellent seamanship of the three members of the crew, there might have been a very different story to tell. Later in the morning the other boat came in in good shape to hear with great interest of the experiences of the sister boat. It is extraordinary what hardships one will endure in the enthusiasm of youth, and call it sport.

In Chester before the World War, baseball games frequently took place on Saturday afternoons between the visitors and the town people. They were pretty exciting games sometimes too. Some of the players were very good. Unfortunately a number of the fine young fellows on the town team soon afterward went to the War and never returned. The games took place on the public square, which was locally known as "The Parade." One of the most beautiful war monuments I have seen anywhere now stands there. It represents a young soldier in kilties, and the whole expression of the figure is most appealing. It is the work of the celebrated Scotch sculptor, Mr. Massey Rhein, who spent his summer vacations at his cottage in Chester. He was an interesting character, an inveterate golfer, who could also tell some wonderful Scotch stories.

We visited the neighboring islands and shores on fishing as well as sailing expeditions. In this way I got to know and to appreciate thoroughly the fishermen and their families who lived about Mahone Bay. They knew, of course, that I was a doctor, and on my various trips around they would consult me themselves and bring their families and friends for the same purpose. It got so after a while

that, whenever they saw the *Meemie* coming, they would gather from the regions around, and I would hold a regular clinic. This idea extended until often on Sunday afternoons we would have quite a group of boats at Little Fish, and I would see and treat the fisher-folk for all kinds of ailments. Being a surgeon, I knew very little about the ordinary medical ills, but when I was puzzled about what to do in a particular case, I would call into consultation my wife, who was a born therapist and a capable assistant.

As I sit here on the sun porch of our summer home on Little Fish, writing this sketch, nothing could be more delightful than the outlook in every direction; the deep blue color of the water contrasting with the dark green foliage of the islands and mainland with their rocky shores, the cool and refreshing sea breezes blowing in from the ocean, all combine to offer to the tired professional or business man a haven of rest, where he can recuperate his tired faculties under ideal conditions. Furthermore, there is no telephone and no automobile on this little island to worry me, and there will be none so long as I am here.

One might think from what I have written that I have some real estate to sell in Chester. Such, unfortunately for me, is not the case. I am simply writing my impressions, formed after over thirty years' experience, of Nova Scotia in general and Chester in particular as an ideal place in which to spend a vacation. There are more rewarding things here that one can do if so inclined, and fewer disagreeable things which one must do whether one wants to or not, than any other place I know. The only possible objection which can be urged against it, in reality an advantage, is its comparative inaccessibility. But this is pretty fair insurance against its being overrun by summer tourists. My considered opinion, after over fifty years of active professional life, is that anyone situated as I am can do more and better work in ten months than in twelve, if the two months of vacation are spent in Nova Scotia or some similar quiet, restful place.

This reminds me of the story of an old colored mammy who was celebrating her ninetieth birthday. A sizable group of her friends, both white and colored, had gathered to congratulate her. Said one of them, "How come, Mammy, that you're living on when all your friends of your own age are dead and gone?"

"'Deed I dunno," she replied.

"Well," insisted the questioner, "there must be a reason."

"I dunno," said Mammy, "lest it was dat when I was a-workin',

I worked hard, but when I wasn't workin', I jest set aroun' kind of loose like,"—an excellent recipe for longevity.

In the earlier years of my practice I often went on hunting trips with various friends of mine in the country around Baltimore. In those days there was still considerable small game in the region immediately surrounding the city; it had not as yet all been destroyed. Sometimes I went into Harford County to my Uncle George's place, and we used to get pretty good bags of game too.

Among my hunting companions was that prince of good fellows and extraordinary preacher, Rev. Maltbie D. Babcock, D. D., then pastor of the Brown Memorial Presbyterian Church of Baltimore. He was an ardent sportsman in both fishing and hunting and a delightful companion as well. His untimely death was a great loss to society in general. Many happy days we have thus spent together, and one always received from association and conversation with him a great deal that was stimulating and helpful. I must admit that we weren't always the best of shots. A bird or rabbit that got in front of our guns usually had a fair chance for its life. But we had the fun of shooting at it.

Once five of us had started out from my uncle's farmhouse and had just arrived in the open field. We were going to separate into groups later, but just before and while we were still all spread out, one of the colored boys with us kicked up a rabbit. The rabbit started at one end of the line and went down in front of the whole five of us, each one of whom let go at least one barrel at him. He ran the gauntlet of the whole lot, and he may be running yet for all I know, because he never stopped as long as we could see him. When we all looked in amazement after the disappearing rabbit, the darky who had kicked him up exclaimed, "Lawd-a-mussy, dat wasn't no rabbit, dat wa' a ha'nt!" We all were so chagrined and mortified at our poor marksmanship that by common consent we agreed to accept the darky boy's explanation that it was a "ha'nt" sure enough.

On another hunting trip with a party of four or five, our host had a young, half-grown setter of which he was very proud. The darkies who were with us at first held in leash the regular hunting dogs, while this young dog was turned loose in order to give us a chance to watch her hunting form. The morning was cold, and we were all fairly well bundled up. As we started out across a stubble field, we unconsciously spread out a bit as we walked along watching the dog ranging around the field. She was working beautifully and coming

toward us, when all of a sudden she came to a dead point. Our host was much chagrined. He thought it was a false scent, so walking up to one side of her, he began to scold her and called to her to go in. This she did, and up sprang a single quail. By this time we had spread out into a semicircle about the dog. The bird started to the right, and seeing a man there, instead of swinging outside of the semicircle into the clear, swung inside, thus coming upon first one person, then another, and becoming more and more confused all the time. We stood there looking; nobody thought of shooting. Suddenly I, who was on the far end of the horseshoe, realized that the bird, which had been swinging around the semicircle, was coming straight at my face. Instinctively I pulled my hand out of my pocket and held it up in front of me to protect my face. The bird struck the palm of my hand, and I, again instinctively, closed it, and lo! there was the bird fast in my grip!

This, I realize, is a "believe-it-or-not" story, but I have several credible witnesses who will swear to its truthfulness. I might add that the quail was not quite full grown, and after we had all admired it, I turned it loose, feeling it had earned its freedom.

If this is not enough severely to test the credulity of my readers, let me relate another incident which happened on the same day. I had only one witness this time, the colored boy who was with me, so unfortunately I can offer no more corroborative evidence.

I was walking uphill through a thick patch of weeds and briars when I happened to look down and right in front of me, just where I was going to put my foot, I saw a rabbit crouched. As I knew that if I scared the rabbit up, I never should see it again in the thick underbrush, I stopped short, stood perfectly still and watched the rabbit for a moment. Then I leaned over very slowly, and carefully putting out my hand until I was fairly close to it, made a quick grab, caught the rabbit by the ears and held it up. It too was not fully grown, which may have accounted for its sitting still. I thought that it, like the quail, had earned its freedom, so I also turned it loose, much to the disgust of the darky boy who was with me.

I hesitate to tell these stories, as I well know that they put a strain on my reputation for truth and veracity, but as I said, I have available witnesses as to the facts, and since both tales are so unusual, I am tempted to put the credulity of my friends to the test by relating them.

Among the most pleasant of my hunting trips were several that

I took down in Alabama with my friend Dr. Coleman Morris, a prince of a companion, who has since died. We used to hunt in the region around a small village by the name of Aliceville, which was off in the country, the terminal of a little branch railroad which connected with the main line at a station named Reform (accent on the "Re"). We left the train at *Reform*, and there waited for the Aliceville connection.

On my first trip, I got out at *Reform*, expecting to find a connecting train waiting to take me to Aliceville, but there was no sign of a train anywhere, and nobody seemed to know when it was due. There was nothing to do but wait. After a long time, a train pulled in which consisted of a small wood-burning locomotive, a freight car, and a combination baggage and passenger coach. The crew consisted solely of the engineer and the colored fireman. After waiting for some time during which nothing happened, I went up to the engineer, who was casually looking over his engine, and asked if he could tell me whether this was the train for Aliceville, and when it left. He went on looking at the engine for a moment or two, then stopped, adjusted an enormous quid of tobacco in his mouth, spat copiously and replied, "Yas, suh, dis heah is de train fo' Aliceville. We ain't got no regla' runnin' time. We jes' waits till we gits a load, an' den we does de bes' we kin." He described the situation perfectly, and after a very leisurely journey, punctuated by frequent stops, we finally arrived at our destination.

But after I got to Aliceville and out on the hunting field astride a mule—the distances were so great that we always had to ride—I realized that it was well worth going a long distance to have the pleasure of hunting with my friend Morris and the extraordinarily well-trained dogs with which we were provided. Incidentally, I have never seen so much game anywhere as could be found in those cotton fields and swamps. We would regularly get up from twenty to twenty-five large coveys of quail a day.

There was one pointer dog that surpassed anything I have ever hunted behind. While the other dogs would run around and wear themselves out by unnecessarily covering a lot of ground, Old Morgan (named after one of the Senators from Alabama) would appear to loaf around without showing any special interest in what the other dogs were doing or whether there was a quail within a mile of where he was, yet he could find more birds than all the rest of the dogs put together. He seemed to have regular "bird sense," or what-

ever you choose to call it, for he would just trot along paying no attention to the other dogs, but every now and then would stick his nose in the air, give a sniff or two, then leisurely saunter off in some particular direction until very shortly he would find a covey, and stand there like a statue until we came up. Once the covey had been flushed he ceased to have any further interest in it. Apparently he was interested only in coveys, not in single birds. This went on all day, and when the day was over, the guide who was in charge of us would say, "Well, Morgan, I guess that's all. Come on, let's go home." With that Morgan would get a little distance behind the mule that the guide was riding, run a few steps, jump to the back of the mule behind the guide, and there he would sit and ride home. He had the hunting business down finer than any dog that I have ever seen. He had another cute trick. He would pick up somebody's hat, whenever he could find one, and bring it around and hold it in his mouth in front of you, as if he were passing the collection plate. He would look at you appealingly as if asking you to put something in the hat for him to eat. Of course, the trick was successful, as everybody wanted to contribute something. Sometimes the guide would drop his hat when Morgan wasn't looking, and we would ride on some distance. As soon as Morgan had noticed that the hat was missing, back he would go and find it and bring it to the guide.

My military career began in 1898 as a member of the staff of General Lawrason Riggs, who was at that time in command of the Maryland National Guard. I started with the rank of Major in the Medical Corps of the State Militia at the outbreak of the Spanish-American War. The Maryland National Guard was encamped for some months on the grounds of the Pimlico Race Track near Baltimore. Here Maryland's quota for the War was selected and remained in training until they joined the Army for service in Cuba.

Later I was appointed Surgeon-General on the staff of Governor Edwin Warfield of Maryland. Those were the days when the staffs of the state governors dressed the part. None of the various civilian uniformed societies had anything on us in the matter of dress. When in full dress we were decked out in caps with ostrich plumes, sashes, epaulettes, frock coats, belts, and swords, and whenever we turned out on a state occasion we were supposed to wear the full regalia. The first time we appeared in public was when we went to the St. Louis World's Fair on Maryland Day, the twelfth of September, 1904. Governor Warfield was one to whom the spectacular appealed

rather strongly. He had taken his whole staff and their wives or sweethearts out to St. Louis for this special occasion, which was a gala one.

On the morning of Maryland Day, while Mrs. Finney and I were in the midst of getting me dressed for it, trying to decide as to whether the ostrich feathers on my cap were supposed to point to the right or to the left and over which shoulder my military sash was to go, a rap came on the door. The voice of General Frank Hambleton, who with his wife was quartered in the room next to us, was then heard saying, "Finney, for goodness' sake come in here." As soon as I was presentable, I went in. As I entered the room, I saw General Hambleton standing fully dressed in front of a full-length mirror with Mrs. Hambleton looking on admiringly. Without looking up, still with his eyes fixed on the image of himself in the mirror, he said, "Finney, isn't that the d——est looking thing you ever saw?" I agreed with him entirely. After mutual comments and compliments, I returned to my room. I shall refer to this incident later, for curiously enough it had an important bearing in determining one of the most difficult decisions of my life.

On the occasion of the inauguration of Theodore Roosevelt as President, Governor Warfield and his staff turned out in the inaugural parade. The Governor, mounted on a beautiful sorrel horse, was leading his staff and a detachment of the Maryland Guard. We were marching down Pennsylvania Avenue. The handsome sorrel horse that he was riding was rising to the occasion, and was prancing down the street sideways as we marched. The Governor, faultlessly attired in cutaway coat, striped trousers and top hat, was receiving tumultuous applause from the crowd. Of course, there were probably more Marylanders and Virginians in the crowd than anybody else because of the proximity of Washington to these two states. The Virginians mistook Governor Warfield for Fitzhugh Lee, who looked like him and was very popular; the Marylanders, of course, recognized their own Governor Warfield. Hence the tremendous volume of applause that greeted us as we rode down the Avenue. At one point the band closest to us ended its piece with a flourish, and in the momentary silence that followed, there was heard coming from the sidelines in a loud voice, "Sam, who's dat fellah ridin' dat sorrel horse?" I glanced around out of the corner of my eye and saw a darky standing on a box above the crowd, and another, the interlocutor, standing on the pavement beside him, trying to see over the crowd in front of

him. The darky on the box, to whom the question had been addressed, eyed Governor Warfield for a moment and replied, "'Deed, I don' know who he am, but he sho' do look like he wuz some." At that everybody within hearing laughed, and the tumult began again. I remarked to the Governor that evening at dinner that I had a "trade last" for him, and then related this story, at which I think the Governor felt quite complimented.

Another time when we had turned out in our full regalia and had stopped on the street and dismounted for some purpose, suddenly there appeared in the mixed crowd that surrounded us an old and grateful patient of mine, one who always affectionately addressed me as "Doc," and whose choice of language was often more apt than elegant. After coming up to me and looking me over very admiringly, he reached out his hand and began toying with the epaulettes hanging from my shoulders. "Doc," said he, "you sure do look mighty handsome in your uniform, but do you know what them loops remind me of?" I replied that I did not. "Well, they look just like chicken guts." This remark was greeted with laughter and applause by the surrounding crowd. And come to look at them a little more closely, in size, shape, and color the resemblance was quite marked.

Later on, when the World War began to loom on the horizon, there was a call for the formation of a Medical Reserve Corps in the United States Army. Along with many of my confreres, I volunteered and joined the Medical Reserve. In so doing I was at once demoted from my preceding high rank of Major to that of a mere First Lieutenant. When the Johns Hopkins Hospital Unit, Base Hospital Eighteen, was organized preparatory for service in France, I was appointed to head the Unit as "Director," again with the rank of Major. As the War wore on, I was gradually promoted to the rank of Colonel, and finally at the end of the War had again arrived at the high rank of Brigadier-General, which I had held as a member of Governor Warfield's staff. Thus, at least in my military career, I accomplished the feat of "the man who came back."

But with all these high-sounding titles, I never prided myself very much on my strictly military accomplishments. I learned my lesson early, for "out of the mouths of babes and sucklings" words of wisdom flow forth. When I was first in the Maryland State Militia at the time of the Spanish-American War, one of my small sons was so much impressed by his Dad's appearance in uniform and, I hope, by his real military bearing, that he conceived the strong desire to

become a soldier himself, and so announced his intention. On discussing this idea with a friend at our house one day, the friend suggested what to him was a brand-new idea; namely, that as soldiers in the course of their duties had to fight and shoot other people, they were themselves thus exposed to gunfire and also in danger of getting shot. That didn't sound good to the small boy, but after thinking it over for some time, he replied that he still thought he would be a soldier, but "a soldier like Father, what *peerades* and don't fight." So I early got my number as a soldier.

This same small son, as boys have a habit of doing, had declared that when he grew up, he was going to be a minister. This idea probably had been suggested by the fact that he was named after my father, who was a minister. One day on discussing the question of his future profession and while still imbued with the martial spirit, he stated that he was going to be a soldier, which gave rise to considerable comment among his friends. When his attention was called to the fact that he had previously announced that he was going to be a minister, he replied that he still thought that he would be a minister, but that he would be "a minister of war" and preach in the synagogue, which was right across the street from our house. It was some time before he gave up this idea.

IX. THE WORLD WAR

TOWARD THE middle of May, in the year 1917, as a result of the visit to the United States of the French Mission headed by General Joffre, the urgent necessity for the immediate dispatch of an American Expeditionary Force to the assistance of the Allies became at once apparent. Unfortunately at that time the United States was in no position to do more than send a comparatively small force for its moral rather than its military effect. In response to this call, great activity was immediately begun in all branches of the War Department. Those were busy days in Washington, with many representative men in all walks of life, from all sections of the country, summoned for their advice and counsel. In response to a summons from Surgeon-General Gorgas of the Army, a group of medical men, myself among the number, went to Washington and "did our bit" in the way of rendering to the Medical Department every service in our power.

The Medical Department found itself in the same general state of unpreparedness as the other branches of the military service. Early in the winter of 1917 different medical centers throughout the United States had made tentative preparations for supplying medical units, which could be used as base hospitals. These units were at first under the direction of the Red Cross, with the understanding that when the need arose, they were to be transferred and become a part of the Army Medical Corps. Their personnel was to be selected from the physicians and instructors in medicine, the nurses, and in part from the orderlies and civilian employees of the particular hospitals and medical schools concerned, plus other enlistments as needed to complete the personnel. The organization of these units followed the methods laid down by the Manual of the Medical Department. In accordance with these instructions, therefore, the Johns

Hopkins Hospital Unit, otherwise known as Base Hospital Number Eighteen, was formed.

It had been generally understood that the Medical Unit of the First Expeditionary Force was to be composed entirely of Regulars. But, for one reason or another, almost at the last moment it was decided to call upon the Medical Reserves to the extent of the personnel of one Base Hospital to look after the sick and wounded of the First Division of the overseas troops. So it was that the hearts of the doctors and nurses from the Johns Hopkins Hospital, comprising the staff of Base Hospital Eighteen, were made glad when in the last days of May, 1917, word came from Washington to recruit the requisite number of enlisted men to complete the roster, to provide the necessary material and equipment, and to be prepared for orders at an early date to proceed to New York and embark for France. Those who were fortunate enough to compose that group will not soon forget the feverish activity or the suppressed excitement and expectancy of those first few days of June, preceding that fateful ninth of June, 1917, when, after having said our fond farewells to families and friends, we left Baltimore in sections; first the enlisted men, then the nurses, and finally the doctors. We assembled as a Unit for the first time on the dock in Hoboken, and at once embarked on the good ship *Finland*. The indefatigable labors of Dr. Winford H. Smith and his efficient secretary, Miss Brinkley, in conjunction with certain members of the Unit, rendered possible our departure in good shape on the very short notice that was given for the final preparations. We were joined in Baltimore by our Quartermaster and in New York by our Commanding Officer, a Regular. The Regular Adjutant assigned to us never materialized, so Dr. George Walker was appointed in his stead.

After what seemed to our eager minds an interminable delay spent at anchor in New York Harbor, finally, on June 14, we weighed anchor, and with flags flying and bands playing, the First Division of the American Army, consisting of the Sixteenth, Eighteenth, Twenty-sixth and Twenty-eighth Regiments of Infantry of the United States Army and the Second Regiment of Marines, sailed bravely forth from the mouth of the Hudson, bound for an unknown port.

Our enlisted personnel included thirty-two medical students from the Johns Hopkins Medical School. Thirty of them already had had three years in the Medical School; two of them only two years. The Johns Hopkins authorities agreed to give the thirty their degrees

after they had spent the additional fourth year in Base Hospital Eighteen in France. This was done, and they were then given commissions as First Lieutenants in the Medical Corps of the Army; as all of them subsequently made excellent records, the experiment turned out very well. The two second-year students, of whom one was my oldest son, after serving a year in Base Hospital Eighteen and other hospitals abroad, were ordered home to complete their medical course there, so as to be ready after graduation for commissions in the Army, since there was growing need for additional medical officers. But the War was over before they had been graduated.

In addition to the personnel, officers, nurses and enlisted men, of Base Hospital Eighteen, we had as shipmates on the *Finland* on our trip over the Commanding Officer and staff of the Eighteenth Regiment of Infantry. They were on the whole a fine group of men, and with one or two exceptions made a very favorable impression on our group. There was one particular officer, however, who at once aligned himself with that group of officers, of whom later on in our army experience we every now and then would meet a member, fortunately not often, the so-called "Damn-it-to-Hell" group, as they were generally known around Base Hospital Eighteen. They gave themselves this name automatically by the fact that at all times and under all circumstances this was their favorite expression. In addition to the use of this expletive, they were noted for their inefficiency. The repeated use of this expression was a sure sign of the inferiority complex. It was used by them in order to try to impress others with their own importance.

On the voyage over the ship's crew was subdivided into boat crews of about thirty each, and an officer was assigned to the command of each boat, in case we were torpedoed. It happened that I was a member of the above-mentioned officer's boat crew. My son and another medical student were also members of the same crew. The first time we were called to our boat stations in the "abandon ship" drill, it became evident that this particular officer was either overimpressed with the importance of his command, or else he had a marked case of "jitters," for he at once lined us up around the boat, and, drawing his pistol and waving it around in a most menacing manner, shouted that whatever happened, "Damn it to Hell!" we should obey his orders instantly, and that if we did not, "Bang! Bang!" at once we should be perforated by a bullet from his pistol. This same experience was repeated each time a drill was ordered. Finally it became pretty

evident to the discerning members of his crew that our chief danger was not from the enemy, but from the officer in command of our boat.

Accordingly, I made up my mind that the best thing that could happen to our boat if anything occurred, was that something should happen to the officer in command, and that quickly, or else we were all in a pretty dangerous position. I therefore went to the ship's carpenter and told him that I wanted a policeman's "billy" about a foot and a half long, made out of good stout oak or hickory, and that I wanted it to use for a certain purpose. He very kindly provided me with a very serviceable weapon, a heavy policeman's club made out of hickory. This I kept under my pillow when I went to bed at night. It was made so that it would slip up my left sleeve and did not appear in evidence at all, but I could grasp the handle of it very readily with my right hand and pull it out quickly for use. The two medical students, my son and his friend, were tipped off. It was arranged between us that if anything should happen, and we were called out, I should take my position immediately behind the officer in question with my "billy" up my sleeve. The instant he began shooting, the "billy" would be in action, and one good tap on the back of the head from it would quickly put him out of commission. The two medical students were there ready to drop him quietly over the side of the boat if the necessity arose.

I felt decidedly better and slept much more comfortably after that arrangement had been made. Fortunately the occasion did not arise to put into operation the scheme that we had planned. In war self-preservation is of prime importance, and this at times, where the safety of others is involved, would appear to justify rather heroic measures.

Another incident happened in connection with this same officer. Certain parts of the ship for one reason or another were reserved for the use of the officers. Other parts were free for general use. On one occasion I heard a tremendous uproar on the deck outside my room, someone cursing, swearing and calling for a gun. The cause of the commotion, I found upon looking out my window, was that one of our medical students, who were only enlisted men, had inadvertently trespassed on forbidden ground. The officer in question had seen him, and, after giving him a tremendous dressing down, had called for a gun and threatened to shoot him for disobedience of orders. Of course, no one expected him to do it, but the excitement continued for so long that I stepped out on deck and inquired of the

Colonel what the trouble was. He calmed down a bit when he saw that I was interested and, after more bluffing, finally subsided.

I called the student to me and in the officer's presence asked how he happened to be up there. He replied that he did not know that it was forbidden. Very reluctantly the officer took his word for it, and the incident was closed, but it just went to show the type of man that we were dealing with and furnished additional evidence as to the wisdom of our providing arrangements to take care of him in case he started on the warpath. It was currently reported that the career of this officer in the A. E. F. was cut short, for what particular reason I never heard, but the news of his departure was no surprise to us.

Sometimes a little well-calculated guile, applied at the proper time and under favorable circumstances, will accomplish much. Our Unit had attached to it ninety-seven nurses. They were a very fine body of young women, well above the average, I should say, with regard to experience and training in their profession, and some well above the average in intelligence, good looks and personal charm. On the way over the Commanding Officer of the Eighteenth Infantry was taken quite ill. The medical officers of the Unit were more than glad to give him all the professional advantages that Base Hospital Eighteen afforded. We were anxious to make as favorable an impression as possible upon the Regular Army officers, feeling that, aside from the immediate service that could be rendered, the more favorable the impression created by the Medical Department, the more likelihood there would be of its receiving due consideration later, if and when occasion arose. Therefore two of the most attractive, as well as the most efficient, nurses were selected and assigned to special duty with the Colonel.

The effect was immediate and very satisfactory. The patient promptly showed signs of improvement, and after what was to him an all too short convalescence, he admitted to his medical advisers that he had never before enjoyed being ill. On taking leave of the Unit after we had reached St. Nazaire, the former patient was loud in his praises of the excellent attention that he had received, both medical and nursing, and stated emphatically that his illness had been on the whole a rather pleasant experience. Said he, "One never knows what's going to happen in war, so if the occasion should ever arise where I could be of any service to the Unit in any way, I should deem it a real pleasure to be allowed to do what I can for

you." This kind offer was most thankfully acknowledged and carefully stored in the memory of some of us.

Time went on. The Colonel had meanwhile been promoted to the rank of Major-General and assigned to a position of great importance. Our Unit had been tucked away in a corner where there wasn't very much doing, and where we were not receiving the consideration we felt was due us. Remembering then this offer of the Colonel, and feeling that he was now in a position to make it good if he so desired, it was suggested that I, as Senior Officer of the Unit, go to Headquarters and interview him, and lay our case before him.

I was received with the utmost consideration, and special inquiries were made about the doctors and nurses, particularly about the nurses who had cared for him as a patient. Then I was asked to state my case. He at once called his secretary and issued orders then and there for the correction of the conditions of which we had complained. Then he was quite solicitous to know whether there was anything else that he could do. I thanked him very warmly and told him that there was nothing more, that we did not wish to be unreasonable at all, but that we had felt that certain things ought to be corrected for the good of the service. Having accomplished this, I thanked him again and brought away with me his thanks and best wishes for those of the Unit who had taken care of him.

I never had occasion to make any further requests from him, but I am sure that he would have been more than willing to grant us anything reasonable in his power. He was a typical "Grateful Patient."

We had a pleasant trip over. The weather was good all the way. The First Division of American Troops was divided into three convoys. We were in the third group, in which were the cruiser *Charleston*, the collier *Cyclops*, two other transports and several destroyers. We got well acquainted with the *Cyclops* on our way over. On her return trip to the United States she disappeared, and I understand that nothing was ever heard of her afterward—one of those unsolved mysteries of the sea. We felt as if we had lost an old friend when we heard the news.

Our trip was certainly a circuitous one. One night the North Star would be on our right; the next night on our left, or some place else. We seemed to be going in every direction, but we managed in course of time to reach the other side in good shape. While we were always on the lookout for submarines, as this was the period of submarine

activity, still we did not see any, and had only one scare. Somebody on one of the accompanying boats thought that he had seen a periscope, and there was quite a little shooting for a while, but nothing further developed.

As my birthday happened to be on the twentieth of June, it was celebrated in mid-Atlantic with due formality; a birthday cake with fifty-four candles, other refreshments and speeches. It was a very pleasant occasion, made especially so by the presence of the nurses and my doctor friends of the hospital staff.

Every night the lights were blacked out. We weren't allowed to have them even in our rooms, so that we had to go to bed by moonlight or in the dark. This made the trip seem much longer, as there was nothing that we could do in the evenings but sit around and talk.

On June 28, after a voyage of two weeks, we came to anchor in the harbor of St. Nazaire, France. While we were tied up to the wharf, waiting to disembark, an incident occurred which is of sufficient interest to relate here. Our boat, the *Finland*, did not come directly to the wharf, as the boats do on this side. There were floats of about fifteen or twenty feet square at intervals between the wharf and the side of the boat. Between these floats were spaces of forty or fifty feet of open water. We had as part of our ship's load a number of automobiles. These were lifted bodily by a crane and ropes from the deck and swung over onto the wharf. While this was going on, one of the automobiles, in some way or other, got loose, fell into the water and disappeared in one of the open spaces between the floats.

Instantly there was great excitement, especially among the French. We had on board a company of colored troops, who were acting as stevedores. There were many suggestions made as to what to do about recovering the automobile. Presently one young darky, who hadn't been taking part in the discussion, quietly announced, "If yo' gi' me a rope, ah'll git that 'bile fo' yo'."

Nobody paid any attention to him at first, until finally, when he repeated his offer, someone said, "All right, give him a rope."

The young Negro partly undressed, took the rope and made a coil around his left hand and elbow, jumped overboard into the water and disappeared. The water was filthy dirty with all kinds of refuse and very cold. The Negro was gone an interminable time. I thought that it was impossible for anyone to stay under water that long, but

he did. Finally he came to the surface. Letting out a whoop which showed no lack of wind, he began yelling, "Throw me a rope! Throw me a rope!" One was thrown to him, and he was pulled aboard. I was standing near the spot where he landed. He shook himself like a dog to get the water off, and exclaimed, "Ma Lawd, but dat wahtah wah col'. When ah felt dem col' chills going up an' down ma back, I knowed it wa' time fo' me to come up." It was not lack of air that had disturbed him, but the cold chills.

Then he said, "Pull 'er up," and in response to his request a pull was made on the rope, and in a moment or two the automobile came to the surface with the rope tied tightly around the rear axle. After less than fifteen minutes in the water, the automobile was as good as new.

It was one of the slickest things I ever saw. I asked the darky afterward where he came from. He replied, "Chahleston."

"What did you do down there?" I said.

"Ah was a whahf rat," said he. That meant a good deal, as I suppose he spent about as much of his time in the water as out, but one thing I am sure of; he never before had been in water quite as cold as that was.

The welcome given to us by the French populace, who thronged the docks, singing and cheering, was very warm and heartening. It was a touching sight to see the enthusiasm our arrival caused. After another day or two the baggage and equipment of the Hospital was unloaded and shipped to Savenay, a small village about twenty miles distant. Thither we were transported and given quarters in a new building, which had only recently been erected as a school, but had been taken over by the American Army to serve as a hospital. Since we had no patients to look after, time was spent giving officers, nurses and men a certain amount of military training while waiting for definite orders as to future movements. In the same field used for the drills, various sports and games were indulged in between times by members of the Unit, much to the delight of the natives.

On the Fourth of July a great celebration was held, in which the French people joined with our group. There were games and field sports and a reception by the Mayor and citizens of the town, at which speeches of welcome were made. In the evening a dinner in the Town Hall was held, at which the Mayor was present and many speeches and compliments were exchanged.

Before long a number of the medical staff, nurses and enlisted men, headed by Dr. Boggs and Dr. Stone, were detached from the rest of the Unit and sent back to St. Nazaire to take over the first American Hospital organized with the American Expeditionary Forces. Here this detachment was kept busy looking after medical cases, principally acute infectious diseases which the troops had contracted on the trip across. There were also a number of acute surgical cases, and the operating room personnel was at once organized and started to work. At first Dr. Boggs acted as Commanding Officer of this Hospital, which was known as United States Army Hospital, A. E. F., Number One. It was subsequently designated as Base Hospital Number One Hundred One and continued so throughout the rest of the War. For quite a while this Hospital was manned almost entirely by doctors and nurses taken from Base Hospital Eighteen. We were at first greatly disturbed lest this division of our forces would be permanent, but eventually with few exceptions those who had been detached were returned to us.

For several weeks the Unit remained at Savenay, waiting until the American Government could take over hospital facilities in the area which American troops were to occupy at the Front. During this period, opportunity was given to certain members of the staff to visit at intervals some of the French hospitals in the neighboring centers, in order to familiarize themselves with war surgery as practiced by the French. Quite a little information was picked up in this way. Of course, we were all inexperienced, and the war game from the professional standpoint was entirely unknown to us.

About this time a general feeling, which had existed from the beginning, became stronger that the Commanding Officer of our Unit was a misfit, and considerable resentment arose against his method of dealing with the Unit as a whole. However, as the time came before long to move to our permanent quarters, we let the matter drop temporarily. On July 26, after a long and tedious journey across France in a troop train, the Unit arrived at its new location, Bazoilles-sur-Meuse in the Department of the Vosges.

Dr. Walker and Dr. Eaton, with a detachment of enlisted men, had preceded the main body of the Unit and had taken over the buildings and grounds and put them in order for our coming. There was a great deal to be done in the way of organization and arranging wards, laboratory, operating room, X-ray plant and other departments of medical work. Much also was needed in the way of physical

equipment, and in arranging for electric lighting, heating system (by courtesy), water supply, sewage disposal, etc. By dint of hard work the plant was gradually whipped into shape, and at last was ready to receive patients.

Just at this juncture the discontent which had been brewing for some time with regard to the inefficiency of the Commanding Officer was suddenly brought to a rather alarming crisis by Dr. Walker, who at that time was Adjutant of the Unit, and as such was constantly thrown into intimate official contact with the officer in question. Friction had developed between them from the beginning, and it was a matter of surprise to everyone that "Marse George," as he was affectionately called, had been able to restrain his South Carolina temperament as long as he had. The showdown came in rather startling fashion.

One night about midnight Dr. Walker came to my room and awakened me. Knowing him as I did, I saw at once from his manner that he had something very important on his mind. One had to know him in order to appreciate the full significance of what he said and did. I was not long in finding out the object of his visit.

"Dr. Finney," he said, "I have come to tell you that I am going to shoot that man X——— (the Commanding Officer). I have personally stood his insults as long as I propose to stand them. Then too, he is ruining the morale of the Unit, and it is too valuable an organization to have any man do that. I have thought the matter all over, and I am convinced that there is only one thing to do in order to obtain relief, and that is to get rid of him, and the only sure way to do that is to shoot him. Knowing what a disturbance that would probably cause, I did not want to embarrass you without first letting you know what I had in mind. Now, you needn't say anything, because it won't have any effect. I have thought the matter over and have made up my mind. It is a question of the effectiveness of the Unit. He is destroying that, and I am the one to stop it. I have no one dependent on me. It doesn't make any difference what happens to me. One life more or less doesn't count in war. But it makes all the difference in the world what happens to the Unit, so I have definitely made up my mind, and I am here to tell you just what I propose to do. I know you will want to stop me, but you know as well as I what the conditions are, and nothing will be right until we get rid of that man!"

I thought it just as well to let him relieve his mind of what was worrying him, so I did not interrupt him. When he had finished, I went over the whole matter with him. I agreed with him wholeheartedly as to the desirability, indeed the imperative necessity, of getting rid of the Commanding Officer, but told him that the way he had suggested was not the proper one. I tried to argue him out of it by suggesting what it would mean; his courtmartial, conviction and execution, all of which would not look well on the front page of the *Baltimore Sun* for home consumption. I tried ridicule, even authority, but could make no impression on him. His mind was made up. After arguing with him for at least two hours, I tried another tack. I told him I would go at once to Headquarters in Paris, state the case, request—even demand, if necessary—that we have a change in commanding officers. It was a long time before I could convince him that that would accomplish anything.

He said, "You know this is War, and how difficult it is to get anything done in the Army. It has to 'go through channels' and so on, and rarely is anything accomplished until a long time has elapsed, and then it's often too late."

I told him that I should go direct to Headquarters and make my request known there. After long argument, I insisted that as his Superior Officer, he should give me his promise that he would not do anything foolish for two weeks. I had great difficulty in obtaining his promise, but once he had given me his word, I knew it was better than any bond. I then told him to go on back to bed, control himself as best he could for two weeks, and I would go to Paris on the morning train, which left about six o'clock (it was then nearly five). I said that I was perfectly sure that the matter would be satisfactorily settled. Very reluctantly he said good night and left me.

Then I was presented with this dilemma; among the many orders that the Commanding Officer had issued to humiliate and irritate the staff of Base Hospital Eighteen was one to the effect that no member of the Staff could, for any purpose whatsoever, go beyond certain bounds set by him without a special order signed by himself. I must say that I took more than a little satisfaction in going to his room about five o'clock, waking him, and telling him that circumstances had arisen which demanded my going to Paris on the morning train. A bit disgruntled by being awakened at that hour of the morning, he demanded to know for what reason I was going. Had I told

him the circumstances, I fancy that he would have been rather startled, but I simply replied that it was a personal matter, and that I did not care to divulge it.

"Then you can't go!" said he.

I hesitated for a moment, and then I said, "Well, Major, I am here, out of respect to your order as Commanding Officer of the Unit, to request permission to go to Paris on the morning train on a very important matter, the nature of which I do not care to divulge to you." I might have said, "In order to save your life."

Again he said, "Get out of here! You can't go."

Then I replied, "Now, Major, having paid my respects to the authority of the Commanding Officer, and having been refused my perfectly legitimate request, I simply want to say to you that I *am* going to Paris on the six o'clock train—either with or without your permission; it is entirely immaterial to me which."

He roared, "You're under arrest!"

To which I quietly replied, "Thank you, Major. I accept the notification of my arrest with the greatest satisfaction, because in the courtmartial which I shall demand, I shall have the opportunity to bring into the open many things that have been going on around this Unit for some time that badly need airing. Thank you for the opportunity." I saluted, turned and left the room. I knew that I had him there, as the last thing that he wanted was an investigation.

I got my things together, had a bite of breakfast, and as I started for the train, I went through the office and asked the clerk if the Commanding Officer had left an order for me to go to Paris. "Yes, Major," he said, "here it is." So I smiled, took my order and went to the train.

Arriving in Paris, I went at once to Medical Headquarters, a bit fearful in my mind as to just what sort of reception my request would receive. As good luck would have it, I found both Colonel Bradley, the Chief, and Colonel Ireland, his principal Assistant, in the office at the time. I stated my case as briefly as I could, prefacing it by saying that while my story would sound most extraordinary, there was nothing foolish or extravagant about it. I knew my man and knew that he would do what he said, come what may. I wanted to emphasize the urgency of the situation.

When I had finished my story, Colonel Bradley remarked that it was most unusual and asked if I was sure that it was as bad as it

sounded. I replied that I was absolutely sure of it, and that furthermore I would not be responsible for the life of the Commanding Officer after the two weeks had expired, that he was safe until then, but something must be done within that time in order to avert a homicide. I requested that the Commanding Officer be removed at once, and somebody else assigned in his place.

At this juncture Colonel Ireland, whom I had known pleasantly for some time, spoke up and said, "Major, did I understand you to say that somebody was going to shoot Major X—— if he isn't taken away from Base Eighteen within two weeks?"

"You understood me correctly," I replied.

Turning to Colonel Bradley, he said, "Colonel, just leave him there for me, please. He served at Fort McKinley under me, and I felt like doing the same thing myself more than once."

Of course, we all laughed at this pleasantry on the part of Colonel Ireland, but nobody took it seriously. Colonel Bradley then agreed that things must be pretty bad at Base Eighteen. I assured him again that I had not exaggerated the situation in the least. I then left, and as I was going, Colonel Ireland got up and walked out with me, assuring me that I could go on back to the Unit certain that the Commanding Officer would be removed and someone else substituted within the two weeks.

I went back to Base Eighteen, called Dr. Walker, explained the situation to him, and again got his promise that he would do nothing until the two weeks were up, but I could see that he was skeptical as to the outcome. My visit to Paris had taken two days of the fourteen. One day after another was marked off until the evening of the twelfth day. As the time grew shorter my apprehensions increased. On the other hand, Dr. Walker, whenever I saw him, seemed to wear a contented, amused smile on his face, like a cat playing with a mouse. Conditions in the Unit had not improved one bit in the meantime, and the patience of everyone had been almost exhausted. I had watched each train from Paris come in, hoping to see the desired relief officer appear, but none came until the twelfth day, when I saw a trim-looking stranger in uniform get off the train. Great was my relief when I saw the medical insignia on his coat collar.

He went straight to the Hospital office. I was told afterward by the clerk that he presented his orders to the Commanding Officer,

who, after reading them, at once ordered an ambulance to report at his living quarters, went there, packed up, put his belongings in the ambulance and drove off, much to the relief of everyone concerned, without saying good-by to a soul.

With his departure conditions in the Unit at once changed for the better. The new Commanding Officer, Major Edwards, was as great a success as his predecessor had been a failure. It was only a short time before he was one of us, and the whole atmosphere of the Unit had completely changed.

The village of Bazoilles (which name was a little too Frenchy for the doughboys and was quickly changed by them to "Bazwillie," as it was known through the rest of the War), of about two hundred inhabitants, was situated on the upper headwaters of the River Meuse in the Department of the Vosges. On its outskirts was a private estate, consisting of a stone hunting lodge and several out-buildings on a hillside in an attractive forest. The estate had been taken over early in the War by the French Government, and in addition to the permanent buildings, a barrack-type wooden hospital with a capacity of one thousand beds had been constructed on the grounds. The wooden ward buildings were arranged on both sides of an avenue known as "Tokio Alley," running up the hillside. In addition, there were other buildings, such as kitchen, mess hall, hospital personnel quarters, etc. The American Government had taken over the grounds and installed an electric lighting and water supply system and had constructed roadways throughout the grounds. The Hospital was situated on one of the slopes of a beautiful valley in the foothills of the Vosges Mountains. The surrounding country was rolling and intersected by numerous small streams, forming a very beautiful landscape. The town itself was unattractive. Particularly noticeable were the many manure piles that lined the streets, mostly in front of the houses. They formed a favorite playground in cold weather for the French children.

At the time when Base Hospital Eighteen was installed in this locality, there were no other American Base Hospitals near the Front, and during a large part of the War, this Hospital was the most advanced of the Base Hospitals serving the American forces in the Toul and Nancy Sectors. During the fall months, Base Hospital Eighteen acted as a Camp Hospital for the several Divisions of the American Army which occupied training areas nearby. Up to this

time the American troops had not been engaged in actual battle. The character of the medical work so far had been largely that of a civil hospital, taking care of acute infections, contagious diseases, etc. The service was subdivided into the various specialties: eye, ear, nose, throat, orthopedics, medicine, general surgery, dentistry, etc. At the head of each was a specialist under whose general direction the work of that particular department was organized and conducted. The surgical service consisted at this time largely of treatment of the surgical conditions which develop in young adults; appendicitis, hernias, accidental injuries, etc.

The winter of 1917-1918 in that locality was memorable—cold, damp, wet, rainy, cloudy, the sun appearing only occasionally and then for brief intervals. The heating facilities, such as they were, proved utterly inadequate. Never have I seen such soggy wood as we had for the stoves and fireplaces. It would simmer and smoke, but it would not burn. We were wet all the time; it was only a question of how wet. We were cold all the time; it was only a question of how cold. When we went to bed at night, instead of undressing, we looked for any extra body or bed clothing we could find to put on. Never had we seen anything like the mud. It was everywhere and covered everything, soft, black, sticky, slimy and of unknown depth. There was no way of getting out of it; one simply had to plough through it. In a short time the walks were covered, and not until the winter turned cold and the ground froze was there any relief. The soldiers drilled in the mud, and the doctors and nurses waded around in it. I wonder that we didn't all die of pneumonia, or that respiratory tract infections weren't even more numerous and severe than they were. There were plenty of them, but with the exception of the development of empyema as a complication in a considerable percentage of cases, they did, on the whole, very well. The flu, which was prevalent for a time among the soldiers, did not seem to be as virulent an infection as in the training camps in America, but it was bad enough.

This condition lasted until January. Then the sun finally began to shine a little, and it became very cold. Never before had I seen icicles reach from the roof to the ground, and become instead "icicolumns," as they did on the wooden shacks which composed the hospital wards and our barracks. This was a winter of discontent and discomfort. The accompanying lines by an unknown Hospital poet describe the situation far better than I can hope to do:

*When this cruel War is over, and we've laid aside our hates,
When we've crossed the bounding billows to our loved United
States,*

*When I sleep in thin pajamas, not in sweater, socks and pants,
I will think about the billet where I froze in "Sunny France."*

*When I sit all snug and cozy, and it isn't any dream,
That I hear the radiator hissing merrily with steam,
When the house is warm and comfy, here's an idea I advance,
I'll forgive the heating systems that were all the vogue in France.*

*When I watch an open fire eating up the seasoned logs,
I'll recall the sappy sticks fresh cut from sodden Gallic bogs,
When I hear the fire crackle as I watch it jump and dance,
I'll forget the smoking fireplace I froze beside in France.*

*Arising in the morning from a decent Christian bed,
With teeth that do not chatter till they loosen in my head,
I'll slip into a shower bath, and think there is a chance
That I'll laugh about the ladies' bath I struggled with in France.*

*I'll go into my toilet room and find it always neat,
Warm and odorless and cleanly with a polished oaken seat,
Where the pipes are never frozen, then this budding poet grants,
He will shiver when he thinks about the icy rails in France.*

*When I slip into my bed at night beneath a quilted spread,
One that tucks in at the bottom while it reaches to my head,
When 'tween snowy sheets and blankets warm, I stretch my limbs,
perchance,
I'll never miss the "liver pad" I froze beneath in France.*

*Each morning when I'm shaving, and the running water steams,
I'll think of freezing shaves abroad as odd fantastic dreams,
But when I see a chamber pot, there isn't any chance,
I'll forget the mug of amber ice beneath my bed in France.*

However, the change from wet to cold weather was reflected in the better health and spirits of the Unit. It afforded a certain amount of relaxation in the way of winter sports, sledding parties and the like, which were much enjoyed.

Individuals were variously affected by their war experiences; some were stimulated by them, others were depressed. One of the results most in evidence, perhaps, was the tendency to write verses dealing with the varied emotions stirred by the war psychology, or descriptive of striking events that happened in the lives of the doughboys during their service in France. While much of what was written possessed little literary merit, perhaps, and was of only temporary interest to those concerned, still literature has been greatly enriched by certain poems written during the War, for instance, John McCrae's beautiful poem, "In Flanders Fields."

The accompanying verses were written by my eldest son at Base Hospital Eighteen while waiting for something to happen, and before our troops had got to the trenches.

WAITING

By J. M. T. Finney, Jr., M.D.

*When you hear the guns a-boomin'
And you wonder what they're at,
And your hair it starts a-creepin'
And a-raisin' of your hat,
And your spine is all a-ripple
With a cold that feels hot,
Then you wish that you were in it—
But are sort of glad you're not.*

*You know the Frenchie's busy
And the Boche is on the jump,
And the country round about 'em
Looks like a city dump;
A mud-hole for a parlor
And a bug-trap for a cot,
Yet you wish that you were in it—
But are sort of glad you're not.*

*You're tired of simply waitin'
And are itchin' for a scrap;
You'd like to back the German up
And shove him off the map;*

*And a poilu with a peg leg
Shows the medals that he's got,
Then you wish that you were in it—
But are sort of glad you're not.*

*When you're scrubbin' up your barracks
And policin' up the grounds,
While the folks at home are thinkin'
You're a hero, then the sounds
Of that distant rollin' thunder
Makes you grumble at your lot;
You wish that you were in it—
But are sort of glad you're not.*

*You're just a four-month rookie
But you think that you can fight
Just as good as any Dutchman—
Well, maybe you are right.
At any rate you're willin'
To give 'em all you've got,
And you wish that you were in it—
Still you're sort of glad you're not.*

*You think you'd like to see it
And help give old Fritzie hell,
But you've never heard the whistle
Of a screechin', bustin' shell.
Though you've seen men carried back to you
All mangled, torn and shot,
You'd like to be out in it—
But are sort of glad you're not.*

*So when you sit and think about
Your home across the sea,
And dream about your welcome back—
Whenever that may be;
And you wonder why you left it
Just to sit out here and rot—
You're sorry you enlisted?
You know darned well you're not!*

My younger son was similarly inspired during a brief stay at the Base Hospital, just before going on to the artillery school at Saumur.

THE THREE FATES

By Eben D. Finney

*Three old women in a row,
Clotho, Lachesis, Atropos—
Weaving out my thread of Fate;
Cut it, tear it, soon or late,
Never will I fear to go!
Three old women in a row!*

*Three old women in a row,
Clotho, Lachesis, Atropos—
Weave it, wind it, snarl it, fray it;
Only when you part it, may it
Break off cleanly, quickly, so—
Three old women in a row!*

*Three old women in a row,
Clotho, Lachesis, Atropos—
Cast your dice, you damned old wenches;
Cut me off among the trenches,
Bury me mid battle stench.
Never will I fear to go!
Three old women in a row.*

With the coming of spring, the long-expected great German offensive began. The drive toward Amiens excited our great interest and concern, but it was so far away from the location of Base Hospital Eighteen that we did not feel the effect very much at first. It was not until the Chateau Thierry fighting began that the work in our Hospital was materially increased.

The professional personnel of our Unit was of a very high order. They were all comparatively young men, loyal to the cause that they felt was right, and ready to make any sacrifice necessary to accomplish the desired result. Of course, we were all very new to the job; none of us had had any experience in war or in the military way of doing things. It took a little time to become oriented in our new

surroundings, but once we got organized and definitely settled in a permanent location, it was surprising how quickly the Unit began to function and how smoothly everything went along.

Too much can not be said in praise of the nursing staff. Under great difficulties and very trying conditions they all, from Miss Baker down, acquitted themselves with great credit. It was surprising how quickly they adapted themselves to the changed conditions, uncomfortable surroundings, lack of ordinary conveniences, petty annoyances of one sort or another, and the thousand and one unpleasant things that they had to put up with. I want to take this opportunity to pay personal tribute to the excellent character and amount of work done by the nurses in the A. E. F. They were a splendid body of women, well trained, uncomplaining, never hesitating to do what needed to be done, regardless of whether or not it strictly belonged to the province of a nurse. Their work was done under great difficulties; the weather was cold, damp and rainy much of the time, the accommodations were poor and many of the bare necessities of life were lacking, to say nothing of the comforts and luxuries. Quite a number of nurses made the supreme sacrifice and gave up their lives for the cause. The record made by these women during the War will continue as an enduring monument to the virtues of American womanhood and as an inspiration to all who come after them.

The enlisted men of the Unit were a fine body of young men. Among their number were several mechanics skilled along various lines, who, in addition to being good soldiers, proved themselves very useful around the Hospital as carpenters, plumbers, electricians and in many other ways.

Each member of the professional staff was well trained and efficient in his particular field. We were no sooner settled and ready for work when the call came for trained professional personnel to take charge of other smaller Units, and it was not surprising that they turned to our staff to supply some of these. From time to time members of the Unit were taken away and began to be scattered in various directions. The medical students who had received their degrees in France were sent to the Army Medical School at Langres for a short course in military medicine. These changes reduced the personnel of the Unit materially, until hardly more than a skeleton of our original group remained. From time to time additions were sent to make up the deficiency, among them Hospital Unit A under Major Jopson from Philadelphia. These new members added to the effectiveness

of the organization. As occasion required, different unattached officers were assigned to the Unit, some of whom remained to the end of the War. Changes in personnel among the nurses also were constantly being made. Some were detached and sent with operating units; others were assigned to the Hospital to take their places or to fill in under special strain.

Although Base Hospital Eighteen was organized on the old "Tables of Organization" strength, designed to supply personnel for a Base Hospital with 500 beds, it was placed in charge of a Hospital which actually had 1000 beds, and which was enlarged by tent expansion to a possible 1300. This was all done without any corresponding change in the size of the Staff. With the beginning of active military service by the American Army in the latter part of May, 1918, the strength of the Hospital was further reduced by the temporary detachment of surgical teams to various forward areas to help in handling the vast flow of casualties which resulted from the greatly increased military activity. As soon as the troops began to arrive in numbers and were assigned to the trenches, work began in earnest.

The professional work done by the Unit was of the highest order, and the surgical technique in the operating rooms and wards, except at times of the greatest stress, was as good as that in the Johns Hopkins Hospital itself, and the results were excellent. Frequently the operating room was in use day after day, and night after night. The strain upon the Surgical and Nursing Staff was tremendous, but it was surprising how well they stood up under it. By arranging shifts so that a certain amount of time off could be had, and by calling upon the members of the other specialties, including the dentists, it was possible to carry on the work with surprisingly little delay. The maximum activity of the Hospital occurred at the beginning of the great Allied counter-offensive, which terminated in the routing of the German forces out of northern France. The wounded kept pouring in by the trainload, and since Eighteen was in one of the most advanced hospital areas, it received a large proportion of these cases. Those were days of intense activity, and the Hospital Staff—doctors, nurses and orderlies—rendered yeoman service.

But it was not all hard work at Base Hospital Eighteen; while there was plenty of that, still there were times when work was more slack than at others. At these times impromptu dances and band concerts were held. Bands from various divisional headquarters near at hand would come and play for the benefit of the patients, and of

course the staff and the nurses had an opportunity to enjoy it at the same time. One particular General, in command of the Twenty-sixth Division with headquarters not far away, would frequently send his band to the Hospital. He had himself been a patient in the Hospital for a time, and showed his appreciation in this way. Baseball between nines from neighboring Units, long walks in the surrounding country, and visits to neighboring towns, such as Neufchâteau, Domrémy, and other points of interest, furnished a certain amount of diversion. In the winter time there was opportunity for coasting, sledding, and skating. At first there had been little to do and time had hung heavy on the hands of everyone, but as soon as our troops became actively engaged, the periods of leisure became shorter and less frequent.

Among the bright spots that shone out in France were the letters received from home, family and friends. Among the last there stood out especially the letters that came to Miss Baker or to some member of the staff of the Unit from Ben Frisbie, to whom I have referred before as one of the colored waiters in the doctors' dining room at Hopkins. The arrival of a letter from Ben was always heralded as an event in the life of the Unit. His letters were passed around and read to the various groups of doctors and nurses who knew him personally. The latest news and gossip from the Johns Hopkins Hospital was always served up by him in the most approved style. Ben was a real character; he knew just what would interest most of the members of the Unit, and he didn't miss much. Ben survived the War by a number of years, and I used to enjoy stopping in to see him now and then and talking over old times. He kept up his interest in the Hospital and its staff to the end.

When I went over with Base Hospital Eighteen, it was with the expectation of acting as an operating surgeon. All my training had been along this line and I felt that I could do better work in that way than in any other. As head of the Base Hospital Unit, I thought I could use my time and talent to the best advantage. However, "the best laid schemes o' mice an' men gang aft agley." Along in February I was detached from the Directorship of Base Hospital Eighteen and was appointed Chief Consultant in Surgery to the A. E. F. This was an executive and not a clinical position. In war a good soldier must obey orders, so reluctantly I left Base Hospital Eighteen and took up my Headquarters at Neufchâteau along with the heads of the various other Clinical Departments.

We were well situated at Neufchâteau. Our Headquarters were in

a comfortably arranged office building. Our living rooms were also pleasant. The old French lady and her daughter in whose house we were billeted looked after our wants very well. The only possible drawback to the arrangement was the fact that the small public square on which our house faced was the local pig market. Every Saturday morning, beginning well before daylight, we were awakened by the squeals of the porkers and the animated discussions that took place between the peasant owners and the prospective buyers. The bargaining was carried on actively, and between the squealing of the pigs and the jabbering of the Frenchmen it was difficult to say which made the more noise. There was no sleep for us on market-day mornings. We liked to watch from our windows the lively scene in the square below. In true Latin fashion, the gesticulations were even more striking than the conversations.

Neufchâteau was an interesting French town. Beautifully situated in hilly, well-wooded and well-watered country, it was not far from Domrémy, the birthplace of Joan of Arc. In our travels we had frequently to pass through this historic place, which is still preserved as a public shrine for the faithful. The house and the room in which she was born are well marked, and in the field where she first saw her vision stands a statue and crucifix. Neufchâteau was about thirty miles from Great Headquarters at Chaumont. Our work took us over there frequently, and it was a pleasant drive through beautiful hilly country over a good road.

As is the rule in French houses, toilet and bathing facilities were primitive or non-existent. For a bath we had to wait until we got to Paris or some city where special facilities were available. Wherever an adequate water supply was obtainable, shower baths were provided by the American military authorities for the use of the soldiers, and we could occasionally take advantage of one of these.

Speaking of the inadequate toilet facilities of French country households, I am reminded of the story of the American officer who had just arrived in France. He had been billeted in a house of an old woman. In getting himself oriented in his new quarters, he could find no toilet facilities available. So he went to the old French woman, who did not understand English any more than he did French, and finally, after some difficulty and with the aid of the sign language, he succeeded in making known to her his wants. When she had finally understood, she led him to the front door, opened it widely, pointed through it and exclaimed, "*Voilà, monsieur, toute*

la France!” (“Behold, sir, the whole of France!”) Make yourself at home!

I knew little about administrative duties and had had less experience. People, patients, had always interested me much more than administration. However, there was nothing to do but to try in every way possible to learn my new job and to accept my new responsibilities. It occurred to me that I should be wise to serve for a time with the French and the English, who had had ample experience and were in a position to teach me the lesson I needed to learn. I applied for leave to join the French and get their way of doing things. But the authorities seemed loath to give me the information I desired, and after some time spent in more or less futile endeavors to get what I wanted, I transferred to the Headquarters of one of the English Divisions. Here I was met with a cordial welcome and prompt response to any request on my part for information and assistance in learning my new job.

The splendid group of English Consulting Surgeons was headed by Sir Anthony Bowlby, who occupied in the English Medical Service the corresponding position to my own in the American Army. Sir George Makins and Sir Cuthbert Wallace stand out especially in my memory. Among the French particularly prominent was Professor Tuffier, a delightful character and an outstanding surgeon. It was in the nature of a liberal education to discuss with these men the many problems which came up in the course of our work. It was easy to understand why England and France accomplished so much, with such men as these to guide them. We of the American Medical Service profited greatly by the lessons which they had learned from their wide experience before we got into the War.

Since the best way to learn actual warfare seemed to be to see it at first hand, I requested permission to visit the English areas where active operations were going on. I wished to follow the wounded from the time the wound was inflicted to the Base Hospital, from where the badly wounded, after they had sufficiently recovered, were sent back home. The English surgeon in charge of the area pleased me by offering to act as my guide. His orderly drove us as near to the actual line of battle as we could get. We then left our car and walked for some distance across an open field, all pockmarked and torn up into the most fantastic shapes by the high explosive shells, which were even then dropping around us. The Colonel remarked, “We had better spread out a bit, as those observation balloons”

(which we could see very distinctly along the German lines) "can see us and direct the fire toward us." So we spread out, and as the shells dropped around us more frequently and came closer all the time, we hurried our pace somewhat. It is a curious fact that you can hear a shell coming some distance before it reaches you, and you can very soon learn to get a pretty good line as to about where it is going to land. The Colonel cautioned me, as it was my first experience, to duck into a shell hole when one of the shells appeared to be coming too close my way.

I have heard men say that it never made any difference to them whether they were under fire or not, that they didn't feel any different when they were. I must say that I doubt this. When you are out in the open and know that you are a target for enemy guns and that shells are falling all around you, you can scarcely feel the same then as if you were sitting quietly by your fireside at home. The average man may be able to control his emotions so that he doesn't show his fears, but, judging from my own experience at least, one is apt to be pretty badly scared inside, and I like to think that I am as brave as the average man.

We had pretty well covered the open area and were approaching the English trenches, when all of a sudden I realized that a shell was coming my way and was very close. The next thing I knew, I was lying in a shell hole, well covered with clods of earth and debris, with the noise and concussion of a tremendous explosion near at hand. After a moment I recovered my equilibrium somewhat and crawled up so that I could look over the edge of my shell hole. To my astonishment and chagrin, I could see no sign of the Colonel and his orderly. I thought they must have been blown to pieces, but when I stood up after a moment or two, I could see first the Colonel getting up, brushing the dirt off his uniform, and then the orderly, who in a delicious Cockney accent said to me, "Hoi say, Colonel, ye'd better be a little quicker next toime. That boy most got ye."

I had been a little embarrassed and ashamed that I got into a shell hole so quickly, but it seemed that both the Colonel and the orderly had beaten me to it! They had had more experience than I. However, it is surprising the agility that one develops quickly, spurred on by the vicious whine of the oncoming shell resounding in one's ears.

The rest of our journey was completed in comparative safety. We reached the trenches, and I spent two or three interesting hours

there, walking up and down and inspecting the arrangements for administering first aid to the wounded and evacuating them to the rear. This was my first lesson in actual warfare, and it was impressive. The English, compared with the other Allies, and indeed compared with our own forces, were scrupulously careful in their way of doing things, and it was extraordinary in what comparatively good sanitary condition they kept the trenches.

I went forward to one of the lookout posts, where the sentry kept an eye on what was going on within and behind the German lines. This particular section had been fought over for many months, indeed ever since the War began. The most impressive sight of the whole experience to me was to stand there and look out over "No Man's Land," covered as it was at that season with poppies and corn flowers in full bloom, and to realize that this riot of color, stretching before my eyes almost as far as I could see, these beautiful flowers, had been fertilized by the bones of the countless dead who had lost their lives fighting over this area. At once those beautiful lines of my friend and former colleague at the Johns Hopkins Hospital, John McCrea, came rushing into my mind:

*In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.*

*We are the Dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders fields.*

*Take up our quarrel with the foe:
To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.*

Not long after this it was my pleasure to lunch with McCrae at his Headquarters, shortly before his untimely death. The harrowing experiences he had been through during the War had taken their toll, and I was shocked to observe the great change that had taken

place in the McCrae I had known at Johns Hopkins not so many years before.

After a profitable stay at the English Divisional Headquarters, I returned to Neufchâteau and began to form, as best I could, an organization preparatory to the work that was before us. The first thing to do was to select an office force. Fortunately, there was an ideal right-hand man immediately available, Dr. W. A. Fisher, Jr., of Base Hospital Eighteen. I don't know what I should have done without him. He was a man of excellent judgment, popular, and a first-class executive. If anything especially difficult came up, he was the man who was called upon to straighten out the tangles. He had a disarming smile. When anybody came to Headquarters with some tale of woe, sure that he had been badly treated, Dr. Fisher, our "trouble-shooter," was always called upon to pour oil upon the troubled waters. It rarely failed that by the end of the interview, the visitor's injured feelings had been soothed, and the difficulties then could be readily adjusted. I have to thank Billy Fisher for his invaluable services in every sort of way throughout all of our experiences together in France.

Dr. Charles Peck of New York, an excellent surgeon and the head of the Roosevelt Hospital Unit, also rendered invaluable aid. He spent a great deal of his time on the road visiting one hospital after another, inspecting the work done, making valuable suggestions, and in many ways adding to the effectiveness of the service by his wide experience. Poor fellow, he met with a great sorrow in the death of his son in France during the War. Dr. Peck died not long after the War was over. His untimely death was a great blow to his family and friends, and a great loss to surgery in general.

The fourth member of our office family was Dr. Arthur Knavel of Chicago. He was a splendid executive, and we have him to thank especially for keeping the paper work of our office in shape, an important matter in military affairs. Dr. Knavel too has joined the great majority, and his passing has been a great loss to his friends and to the profession of surgery at large.

The last member of my official household was my brother-in-law, Dr. John S. Yates of Milwaukee, who was not with us for long. He was transferred to duty in the Army Surgical Pathological Laboratory in Dijon, where he did excellent work under Colonel Siler. While Jack was with us he rendered exceptional service, and we were sorry to lose his cheery personality as well as his invaluable

advice and assistance. He too has recently passed away, greatly mourned by all who knew him.

I was singularly fortunate in securing the assistance of four such men, who made a capable office force. My burden as Chief Consultant was immeasurably lightened by their willing and efficient aid.

Never having had any experience before with executive work, I found it difficult to know just what methods to employ in order to render effective service to the Army. There were no precedents to follow, so with what we could learn from the Allies we had to develop our own particular technique. Our Department was responsible for the care and supervision of the surgical work of the entire A. E. F. We were not long in reaching one conclusion, which proved to be sound; namely, in an organization as widespread as the care of the wounded in the A. E. F., the responsibility must be divided and placed upon different individuals, chosen for their efficiency, whose duty it was to see that the wounded in a certain area received proper attention. We ultimately developed an efficient organization. The field of operations of the Army was divided checkerboard-like, and a competent surgeon was assigned to supervise the surgical work done in the hospitals in each area. These surgeons reported directly to our Headquarters or through other visiting surgeons, whose duty it was to see that the necessary surgery, from the front lines to the Base Hospitals, was properly performed. In this way every wounded soldier was well cared for. Of course, in rush times when there were many wounded, our system of transportation and our hospital facilities were sorely tried, but with the exception now and then of an unavoidable delay because of overtaking of our facilities, the average soldier received as good surgical attention, if not better than he would have received in the average hospital at home.

The reason for this was, in addition to the excellently functioning organization, the fact that we had in France at our disposal the best surgical talent of the United States. No body of men ever worked with greater zeal or more intelligent devotion to a cause than they.

Our time at Headquarters was pretty well divided between office and field work. At least one of us was always in the office. At the same time some of us were on the road, visiting and inspecting the various hospitals, answering questions and straightening out difficulties wherever possible. The keeping of Army records proved to be a formidable undertaking. Between the office work and the time we spent on the road, we were kept very busy, but with Dr. Fisher, Dr.

Peck, Dr. Knavel, and Dr. Yates, as long as he was with us, alternating between the office and the field work, we managed to keep things going. The work was interesting, and we had the feeling of satisfaction at accomplishing something worth while.

Our life at Headquarters had many minor complications, sometimes merely irksome, sometimes amusing. I had considerable difficulty in using the telephone. As Juliet said of Romeo, "What's in a name? That which we call a rose by any other name would smell as sweet." But that there *is* something in a name was brought home to me on various occasions when I attempted to use the telephone. In order to make known to the operator that you had finished telephoning, it was customary to use the word "fini." In using the military telephone, you had to give your name at the beginning of the conversation, so at first when I wanted to use the telephone and gave my name "Finney," at once the telephone was cut off with a bang. Finally I found that the only practicable way for me to use the telephone was under an assumed name. I would give the name "Jones" until I got my connection, then would explain who I was and why I had used an assumed name. I found it a bit embarrassing at times, for since it was war time, French suspicions were easily aroused.

My duties as Chief Surgical Consultant kept me steadily on the go, particularly as the pressure on our troops increased. There were some compensations, however. One of them was the opportunity that it gave me en route to visit interesting places. Several times I had to go to Rheims or its vicinity. Once I happened there just as a severe artillery barrage was being poured into the town. The Cathedral, occupying so prominent a position, was the chief target of the bombardment. It was certainly a commentary on the destructiveness of war to see the effect of the enemy shells on that beautiful structure. The last time I visited there was at the height of the destruction, and it was a melancholy sight. But even then one could picture in one's mind the Cathedral as it must have been, a thing of beauty, before the shells had desecrated its sacred walls.

So far as actual warfare was concerned, my frequent visits to Verdun provided one of my most interesting experiences. At the time a heavy bombardment of a portion of the town at a distance from the Citadel was taking place. The Germans were so methodical that they would bombard one section only of the town at a time. One day they would bombard the northeast corner, the next day perhaps the south portion. When we arrived, we would ask the

sentry which section was getting it on that day. He would tell us, and we then knew that for that day we could go with impunity to any other part of the town, but that it was well to keep away from the area under fire.

This particular day was beautifully clear, the sun shining, but a strong wind blowing toward the area from which the bombardment came. Since the weather was so inviting, several of us went to the top of the Citadel. From this vantage point we could look over practically all of the town and could see the extent of the destruction on every hand. There we noticed a peculiar phenomenon; first we would hear the scream of a shell over our heads, then we would see the point in the town below where it struck and exploded, and then almost immediately we would hear the boom of the gun. The sound of the gun was delayed in reaching us because of the strong opposing wind. I had noticed the same thing once or twice before, but ordinarily one would hear the boom of the gun and the scream of the shell at about the same time.

On another visit to Verdun, I was taking a visiting group of British Army surgeons on an inspection tour of our lines. We arrived just at supper time, and while we were eating in the dining room in the Citadel, I heard some distance behind me a characteristic laugh, which I at once recognized as coming from a good friend of mine, a fellow Baltimorean. On investigating I found that sure enough it was my friend Colonel Stuart Janney. He was serving in France with great distinction.

Late one afternoon my chauffeur and I were driving along one of the roads, hurrying to reach the Medical Headquarters of a certain Division in an area which our troops had recently taken over, and which was not familiar to me. While we were making as good time as our antiquated French automobile was capable of, all of a sudden a black cat ran out from some bushes on one side and started to cross the road just in front of us. The cat misjudged the distance, and in spite of my chauffeur's efforts to avoid it, we ran right over it and killed it instantly. My superstitious chauffeur uttered a groan and exclaimed, "Now what are we up against?" Sure enough, we hadn't gone five miles before "Bang!"—one of our rear tires exploded. As it was on the side which had run over the cat too, my chauffeur was sure that was the real cause of the blowout. As we could seldom get spare tires, we had none with us and had to limp the rest of our journey on a flat tire, which delayed us considerably. In the

War area lights were not allowed at night, and driving in strange territory was difficult, not to say dangerous.

The difficulty of getting tires from the Army was something we had to contend with most of the time, and the fact that there was great variety in the size of the tires meant that often we could not get the needed size. As my car was an old French one, kindly loaned to me by the Red Cross, we often had trouble. Once I was back in the interior of France, far from our source of supplies, inspecting the hospitalization in certain lumber and other working camps. We had had trouble with our tires on the way, but finally reached our destination. It was very doubtful that in this out-of-the-way place we should be able to replace them.

Here again I had my luck with me. When I went to Headquarters, the officer in charge, whom I did not at once recognize, greeted me cordially. He proved to be the son of a lady on whom I had operated some years before. He had accompanied his mother to the hospital, and I had seen him there several times. After we had exchanged greetings, and I had learned that his mother was enjoying excellent health, I made bold to ask him how he was fixed for tires and told him that mine badly needed replacing. He asked right away what size we used, and when I told him, he said, "Well, you certainly are fortunate. We received a shipment recently of that size, and we can't use them for they don't fit our cars." This was welcome news, and in no time all of our old tires were removed and replaced with new ones, and packed in our car were as many spares for future use as we could carry.

As I look back over my past life in writing this book, I am struck by the fact that so often, when I have been in real trouble, a Good Samaritan in some guise or other has appeared on the scene at the opportune moment.

Once when I had been up at the front on an inspection tour in company with our C. O., Colonel Keller, an incident happened which might have had very serious consequences. My old automobile had received hard usage. As a result the flooring of the car had become so defective that a good-sized hole had developed in it, through which the fumes from the exhaust would at times escape into the car. As we usually had the windows all open, it didn't make a great deal of difference except for the unpleasant odor. This time, however, the weather had turned wet and cold, and on our return trip after a very busy day we found it more comfortable to keep the windows closed.

The trip was a long one and we were tired, and in the course of the journey both Colonel Keller and I fell asleep. The chauffeur sat outside of the hood with a glass partition between him and us. The fumes collected in the car, and when we finally got home, the chauffeur found us both unconscious. Fortunately, when the windows and doors were opened, I soon revived, but it took us some time to resuscitate Colonel Keller. It was a close call for both of us. The Red Cross as usual came to the rescue and provided me with another and better car. This was just another of the many recurring favors for which we were constantly indebted to the Red Cross, and without which our work would have been much less effective.

Associated with us at Neufchâteau were the heads of the various departments of the Medical Services. This provided an opportunity to co-ordinate our work with that of the other Departments. The discussions and conversations that took place at dinner after the day's work was over—it was never finished—were a liberal education in themselves. Unfortunately, several of these men are no longer with us, and their passing has been a great loss to the profession of medicine. Among these are Dr. Thomas W. Salmon and Dr. Harvey Cushing, both unusual men. Dr. Salmon was head of the Psychiatric Department, and Dr. Cushing was head of the Neuro-surgical Department.

Dr. Salmon was usually known as "The Judge." He had a remarkably analytical mind and showed great insight in estimating the important elements in any particular proposition that came up. With new problems continually presenting themselves, and with no precedents to guide us, it was good to have someone at hand like Dr. Salmon, whose judgment was so sound. I enjoyed hearing him talk to some of the hard-boiled Regular Army officers who would come around now and then and attempt to dictate to us with regard to our work. Dr. Salmon at such times had a habit of opening wide his blue eyes with an expression of innocent wonder as to what it was all about, and then after the harangue was finished his whole manner would change, and he would proceed to tell the regular in terms he would understand certain things that he ought to know. As Dr. Salmon had previously had some years' experience in the Public Health Service, he was quite well acquainted with the military way of doing things and acted accordingly. He was withal a charming and delightful personality.

Our office in Neufchâteau was a veritable clearing house. Ques-

tions of all sorts were being constantly referred to us for settlement. Some of them were rather knotty; others could very readily be settled by the application of good common sense, which I found to be an invaluable asset in military as well as in civil practice. Strictly military matters were referred to Colonel Keller, who was the Liaison Officer between our work and the Regular Army. Our relations were of the pleasantest character all the way through, and we have him to thank for valuable co-operation and assistance.

It is at times a great thing to have a bit of a pull at headquarters. It certainly counts in politics, and my experience in war leads me to believe that, if properly exercised, it may be a valuable asset even there. Anyone who has had anything to do with the Army soon learns that the so-called "Tables of Organization" are the court of last resort to the Army officer. If you appear in the "Tables of Organization," you get your number and your standing and know what to expect. If you are in the Army and not in the "Tables of Organization," Lord help you! I had reason to realize this several times, until a special order from the Commander-in-Chief put us on the military map.

The first incident occurred while I was still acting as Director of Base Hospital Eighteen. Our ninety-seven nurses were something new in war and had not yet appeared in the "Tables of Organization." It was a long time before they were really accepted as a part of the Army machine. Until then, they occupied more or less the position of an Army stepchild. Nobody seemed to know just how to handle them or what to do with them. They were housed in long, low, wooden barracks, built of thin boards with wide cracks between—excellent for ventilation, but difficult to heat in wintry weather such as we were having. Such a thing as privacy became little more than a memory.

One day I had occasion to go to the barracks in which Miss Baker, the Head Nurse, was housed along with twenty or more other nurses. I ascended the steps and was about to knock on the door when one of the enlisted men, who had been detailed as orderly in charge of this particular Ward, stopped me and said, "Hold on a minute, Doctor. I don't know whether or not you can go in there just now."

I said, "Well, I had no idea of going in without knocking."

He replied, "Just wait a minute and I'll see if it's all clear inside." He walked up to the door, and without knocking, opened it, stepped inside and looked around. I waited outside for word from

him. He returned in a few moments, and flinging the door wide open, announced, "It's all right now, Doctor. You can come in." I asked Miss Baker later whether the special function of this orderly was "Keeper of the Harem" or what.

The nurses at first were assigned wooden bunks with nothing on each but a single mattress and the bed clothes. This was bad enough. Then an order came to place the bunks two deep, one above the other. This was still more unsatisfactory, uncomfortable, and hard for the nurses to negotiate. But when a further order came to pile the bunks three deep, one above the other, it was too much, and we struck. After consultation with Miss Baker, we declined to carry out the order. I made a hurried trip to Great Headquarters to see the Inspector-General, whose Department handled such matters. I knew General Brewster personally, and his brother was a good friend of mine. The General received me cordially, asked my mission and inquired whether there was anything that he could do for me. I laughed and told him that I had come to report to him that I considered myself under arrest.

"The mischief you say!" said he, "May I ask what crime you have committed?"

"Disobedience of your orders," I replied.

"Forget it," said he.

"Thank you," I replied, and then went on to explain the situation with regard to the nurses and our objections to obeying the order about their sleeping quarters. He was very much interested. Apparently he was not familiar with the circumstances under which that particular order had been issued, although it had been issued under his name. He decided he would like to come over and inspect the situation himself, and I invited him for lunch the next day. After I had returned to the Hospital, our Medical Staff with the help of Miss Baker reviewed the whole situation and worked out a plan which met with unanimous approval, as follows: "The nurses henceforth to be placed in cubicles, two to each cubicle, and to have regulation hospital beds." So we were all ready for the General when he arrived the next day.

After lunch, which was the best that our Hospital resources made possible, while we were discussing with him the amount of floor space to be allotted to each cubicle, the General paced it off on the floor of the room in which we were assembled. "No," he said, "add to that at least a yard each way. As a married man I know that no

two women could live comfortably and happily in such a cramped space."

We heard no more complaints about the housing of the nurses after that, and before long a special order was issued which placed the nurses on the military map.

Once again I was made to realize the importance of the "Tables of Organization." I had assigned one of our men to a certain Division to keep general oversight over the surgical work there. He never seemed to be able to get anywhere with the Chief Surgeon of the Division, who was a regular of the regulars. In fact, our representatives had not only been disregarded, but had been humiliated by being stationed in an out-of-the-way place and assigned work that anybody could do. The trouble was, as we soon learned, that we did not appear in the "Tables of Organization."

On taking it up with Headquarters, we were gratified when, in response to our request, General Pershing issued a special order which gave us a standing. Armed with this, I made a visit to the Headquarters of this particular Division. I was graciously received by the Colonel in charge of the medical work and accepted his invitation to lunch. After lunch, I told him that I wanted to talk with him about our work in his Division. He spoke up right away and said, "Doctor, let me tell you; the trouble with you people is that you are not in the 'Tables of Organization,' and therefore, to be perfectly frank, I don't know you."

I asked him if he had a copy of the "Tables of Organization." He handed me one, which I glanced through, and remarked, "Yes, you are quite right, Colonel. We don't appear here, but I am just wondering which would take precedence, the 'Tables of Organization' or a special order from the Commanding General designating our duties."

"Have you such an order?" he asked.

I produced a copy of the order from the pocket of my blouse and handed it to him. He read it carefully, then got up, saluted me, and said, "Colonel, I am at your service. What can I do for you?"

I thanked him for his courtesy, and from that time on we never had anything but the most hearty co-operation from him. Such an attitude is, I suppose, the result of long discipline in following rules and obeying orders. Although our relations with the Regular Medical Staff were usually cordial and satisfactory, there were times when their point of view appeared to us unnecessarily restricted.

My first experience with the Red Cross in actual warfare was

in July, 1918, during the Second Battle of the Marne, after the German troops had overrun the Allied line of battle, had driven them back nearly to Paris, and had captured or destroyed an immense amount of their military and quartermaster's stores. The American troops were just coming into line when this happened; indeed, they were hastily thrown in in order to fill the breach, and if possible to check the enemy's advance. All the world knows the yeoman service they rendered in halting the progress of the victorious Germans at Belleau Wood and in holding them until the shattered lines of the Allies could be reformed. Our troops, who had been brigaded with the French, were dependent upon them among other things for hospital supplies. However, when the Allied line was broken, what little food and stores that remained were absorbed long before they got to the American troops, who were left sadly in the lurch.

It was then that word came to our Headquarters from Colonel Lee, our representative serving with the Second Division, that many wounded were without food, shelter or care, except what could be improvised from the neighborhood, which was really negligible; that they were not being adequately taken care of for lack of both hospitalization and supplies, and that the situation was extremely urgent. I immediately hurried up to the Front by auto and found that the reports had not been exaggerated, but conditions were even worse than reported. Application for aid was made at once to French Headquarters, with the reply that they had nothing to give us, as they had little or nothing themselves. Our United States Army supplies, so I was informed, had previously been sent for safekeeping somewhere into the interior of France, too far away to be immediately available.

Nothing remained, therefore, but to go to the Red Cross Headquarters in Paris, state our case, and see what they could do. There I met Mr. James H. Perkins, then the head of the Red Cross activities. I stated the conditions as I had seen them. He said, "Yes, it is rumored that that is the state of affairs at the Front, but I am powerless to act until an official request for help comes from a responsible source." I showed him my credentials and requested then and there that tentage and hospital equipment of all kinds, for an unknown number of wounded, be sent at once to the area designated. He replied that that was all that was necessary, for they had plenty of supplies stored in Paris, available on a moment's notice, the only

question being the matter of transportation, which he would have to arrange with the French, but he would do his best.

Much relieved, I went back to the Front to see what, if anything, could be done in the meantime, which proved to be very little. But to our delight needed Red Cross supplies of all sorts and in large quantity began to appear in a surprisingly short time. Just at that time, since things were in such a state of confusion that there was no way of knowing just how many wounded were in need of aid, the Red Cross generously provided hospitalization and equipment for an indefinite number of wounded, and continued to do so until our wants had been well supplied. This was a godsend, because many of the wounded had been out in the open for days, with their wounds untreated and exposed to the weather and to myriads of flies. Altogether conditions were deplorable. I could not but feel that had the folks at home seen this one instance, and there were others like it, where the Red Cross at almost a moment's notice came to the rescue, they would have felt well repaid for subscribing to it as liberally as they did. Handicapped as we were by lack of medical and surgical supplies of all kinds, due to the capture by the enemy of the Allied supply of stores, it was a great relief to find the Red Cross in a position to act instantly when the call for help came.

Afterward I commented favorably on this fact to Mr. Perkins when I went back to Paris to thank him for all that the Red Cross had done. I remember well his reply. The Red Cross, he said, always acted on the principle that the American people had given their money to the Red Cross to enable it to act in an emergency such as this, when for any reason the Army was unable to do so. All they wanted was to know from competent authority that the emergency really existed, and that their aid was desired. Action would immediately follow. It certainly did in this case.

I should like to acknowledge here a personal obligation to the Red Cross. During the two years that I was in France, my automobile was furnished me by the Red Cross. Automobiles were absolutely necessary to enable us at Medical Headquarters to get around and do our work, as we had to cover a great deal of territory. Certain other members of our Staff were also largely dependent upon the generosity of the Red Cross for transportation. Indeed, in ways without number we were continually indebted to the Red Cross, and but for its kindly aid, the activities of the Medical Department of the A. E. F. would have been seriously curtailed.

X. THE LAST MONTHS OF WAR

EVERY NOW and then incidents happened unusual enough to vary the monotony that sometimes marked life at our Headquarters. Among these was an occasional summons to Great Headquarters. These were never accompanied by any explanations. You were simply ordered to report, and that meant pretty promptly too.

In the latter part of the summer of 1918, I received a peremptory order from General Pershing to appear at Great Headquarters at the earliest possible moment. I was naturally much interested, and I may say somewhat perturbed, to know what it was all about. I was not long in finding out.

On reporting I was ushered in to see the General. He greeted me cordially and asked a few questions about the surgical situation in the A. E. F., which I could readily answer as this was long enough after I had received my appointment as Chief Consultant in Surgery in the A. E. F. for me to have become adjusted to my job. Then the General came directly to the point. "I understand, Doctor," said he, "that you know President Wilson."

I said, "Yes, sir, I have that honor."

"How well do you know him?" he asked.

"Well," I said, "I have known him personally for a good many years, having served on the Board of Trustees with him when he was President of Princeton, and both he and Mrs. Wilson have consulted me professionally a number of times."

"Fine," said he. "That will be all right. When can you go to Washington? The sooner the better. I want you to take a verbal message from me direct to the President, and I want it to get to him at the earliest possible moment. I want you to tell the President for me, and I am speaking for the entire A. E. F., not only the Medical Department, that we want Ireland for Surgeon-General, and we have

no second choice. Please emphasize that last fact. Stay as long as you can do any good."

"Well," I said, "my right-hand man, Dr. Fisher, is away today, but I am expecting him back this evening. If he returns, I can arrange things in our office so that I could leave by tomorrow afternoon."

"Fine," he said again. "Then I want you to report to Brest, where you will find sailing orders and accommodations on the transport leaving there for New York the next morning."

"Very well," said I, "I shall do my best."

"Now," said he, "as soon as you reach Washington, you will at once be plied with questions by inquisitive people as to what you are doing there. Here is a written order for some surgical supplies which are badly needed. Show this order to anyone interested."

It meant a good deal of hustling around to get things ready for me to leave the next day for an indefinite period, but Dr. Fisher got back, and together we were able to get things into shape so that I could leave the next afternoon. I arrived at Brest in due time, reported to Headquarters there, got my accommodations on the boat and sailed for New York. I debated whether or not to send a cablegram to Mrs. Finney announcing my hurried trip to Washington, but "what you don't know won't hurt you," and since that was just at the height of the U-boat activity, I thought that it would be better to save her the anxiety of knowing I was at sea. If I got through all right, she would be saved the anxiety; if I didn't—well, those were the fortunes of war. But we did get through all right. There was one time when one of the officers thought that he had seen the periscope of a U-boat, but nothing happened.

When I arrived in New York, I telephoned Mrs. Finney, and she could hardly believe that I was safely in this country. Since my mission was urgent, I went straight through to Washington, not stopping in Baltimore, and on arriving in Washington went directly to the White House. I saw Mr. Tumulty, the President's secretary, whom I knew. He seemed surprised to see me and wanted to know what I was doing there. I told him I had an important message from General Pershing to deliver in person to the President.

"Why, that sounds interesting," said he.

"Well, it is very interesting to us in the A. E. F.," I replied.

He looked over his list of engagements while he was talking and said, "I am sorry, but every minute for the rest of the day" (it was

then about noon) "is taken up until five o'clock, and the President always takes from five to six off and sees nobody during that hour. But from what you say, I think he will be glad to see you if you will be here at five o'clock sharp and will not keep him too long."

"Five minutes," I replied, "will be an abundance of time for my message." So the appointment was made.

I was back promptly at five and was at once ushered in to see the President. As we shook hands, I noticed that he looked at the insignia on my shoulder. "Oh," said he, "I see that you are wearing chickens" (the common expression among the doughboys for eagles) "on your shoulders now, and they look rather new to me."

"Yes," said I, "I haven't been wearing them very long. I have only recently been promoted to Colonel."

"Sit down," said the President, "while I tell you a little story." He had a wealth of stories of all kinds, one apropos to every occasion, and he told them well.

"I hope," said he, "you won't be like the colonel I heard of the other day. An old colored man had been appointed as messenger in one of the offices of the War Department. He was new to the job. A great many officers were all the time coming and going. One would tell him to do one thing, and another, another, and the old fellow was quite at a loss to know just whom to obey. He had, however, become pretty well acquainted with a certain young second lieutenant. One day when the lieutenant came in, the old darky stopped him and said, 'Lieutenant, kin ah ax you a question?' 'Surely,' said the lieutenant. 'What can I do for you?' 'Lieutenant, ah wish you would tell me who ah has to min' aroun' heah. There's a lot o' officers comin' and goin' all de time. One o' dem tells me to do one thing, anoder tells me to do anoder, and ah jes' don't know who ah has to min'.' 'Sure,' said the lieutenant, 'I can straighten you out all right. Just look at these gold bars on my shoulder here. You see them?' 'Yas, suh,' said the old colored man. 'Well, don't forget them, and whenever anybody tells you to do something and someone else tells you to do something else, you notice which one has these gold bars, and you do what he says and don't pay any attention to the rest of them.' 'Thank yo', Lieutenant,' said the old darky, 'ah sho' is glad to know who ah has to min' aroun' heah 'cause dere's one old fellah what comes aroun' heah wearin' chickens on his shoulders who do raise de devil. Ah sho' am glad ah don't have to do what he says.'"

After this story we got down to business. I said, "Mr. President,

may I talk to you—John Finney talking to Woodrow Wilson—the way we used to talk in Princeton days?”

“I do wish you would,” he said, laying emphasis on his words. “I get so tired at times of this ‘Mr. President’ stuff that it is a great relief to have someone talk to me as Woodrow Wilson.”

“Thank you,” said I. “My message is very brief.” Then I repeated word for word what General Pershing had told me to say, especially emphasizing the fact that he had said, “We have no second choice.”

The President thought for a moment and then said, “Have you seen the Secretary of War?”

“No,” I said, “I have been in the Army long enough to have learned one lesson at least—if you really want to get something done, start with the highest ranking man you can contact, and you may then hope for action. God help you if you have to start down the line and expect to work up.”

“Well,” he said, “you seem to have learned your lesson pretty well.”

“I certainly have learned that lesson,” said I, “and that is why I am here bothering you.” I got up then, remarking that I did not want to take any more of his time.

“Well,” said he, “you go to see Mr. Baker and tell him just what you have told me.”

“May I tell him,” I asked, “that you sent me to him with that message?”

He smiled and said, “Well, I’ll beat you to it. I have an appointment with Mr. Baker this evening, and I’ll tell him that you will be in to see him some time tomorrow.”

The next morning I called on Secretary Baker. Fortunately, as I had met him several times before, I was no stranger. His secretary ushered me in promptly. He greeted me with the remark, “Well, Doctor, I understand you have been to see the President.”

I said, “Yes, sir. He told me he would tell you that I was coming.”

“He did,” said Mr. Baker, “and I was expecting you.”

I had noticed that the Secretary looked very tired. After asking me to take a seat, he passed me a box of cigars, which I declined.

“You don’t mind my smoking?”

“Not at all,” said I.

Having lit his cigar, he asked, “You don’t mind if I put my feet on the table, do you? It is so restful to me.”

“No,” I said, “I wish you would lie down on the table and use

this cushion for a pillow" (there was no sofa in the room). "You look to me like a man who needs rest. Pardon me for saying so, but if I were your doctor, I should insist on your going to bed to rest up a bit."

He smiled, leaned back in his chair, put his feet on the table and his hands behind his head, and addressed me in these words: "Now, Doctor, all bars are down. Tell me what you think I ought to hear." It was kind of him to make me feel perfectly free to describe the whole situation as I saw it. I did so in as few words as possible. When I had finished, he said, "Doctor, you folks who aren't in Washington have no idea of the amount of political pressure that is being constantly brought to bear upon public officials for one reason or another."

"No," I said, "I suppose I don't."

He continued, "The pressure is terrific at times. Tell me what is the matter with Dr. ———?" He gave the name of a member of the Army Medical Department who had been prominently mentioned in connection with the Surgeon-Generalship.

"Well," I said, "nothing that I know of except lack of experience in the way most needed at the present time. We in the A. E. F. feel that it would be a fatal mistake to put anybody else in the office of Surgeon-General at this juncture with our troops just getting into action. We feel that Colonel Ireland, who has been over with General Pershing, knows the situation, has learned the game first hand, is an excellent executive and has the confidence of everybody from the commanding general down. We feel that he is the man for the job just now, and that there is no one at the moment to compare with him."

Then I got up, and as I was going out, the Secretary thanked me and asked, "How long are you going to be in this country, Doctor?"

I replied, "I don't know, sir. To be perfectly frank, that depends on you. My orders are to stay in this country as long as I can be of any service in accomplishing the desired result. But the San Mihiel drive is brewing, and I want to be back in time for that if possible."

"Well," said the Secretary, "stop in and see me again in a few days. Possibly I can tell you something then." I thanked him and left.

After a few days I returned. His secretary met me and said, "Doctor, the Secretary is not in. He has a very important conference this morning and will be unable to see you, but he told me as he

left, 'If Dr. Finney stops in, just say to him for me that he may return to France whenever he is ready. He'll understand.' "

I did return to France a few days afterward and got back in time for the San Mihiel drive. While in the middle of the ocean on the return trip, much to my delight, I received a wireless message announcing the appointment of Colonel Ireland as Surgeon-General of the Army.

On another occasion I received a hurried summons from General Pershing to come over at once to Great Headquarters in Chaumont. When I arrived, I was informed that he wished me to see professionally a member of his Staff who was quite ill in the hospital and, as it happened, under the care of my friend Dr. Peck of New York, who was then the Surgeon in charge of the local Base Hospital. Upon seeing the patient, in consultation with Dr. Peck, I agreed that he was suffering from an intestinal obstruction and needed immediate surgical relief. Since Dr. Peck was one of the ablest surgeons of New York, it seemed foolish for me to interfere in any way; so I requested to be allowed to act as "next friend" to the patient, and was present while Dr. Peck performed the operation, which he did in the most approved fashion. The patient made an excellent recovery and subsequently proved himself to be a very grateful patient.

Another time I was summoned to General Ireland's office at Great Headquarters because of a telegram received from a high British medical officer, stating that it would be advisable for us to put in a request for the immediate transfer from the British forces to our own of a certain prominent American medical officer who had been serving for some time with the British. It seemed that this officer had been acting as censor of the letters of the British Tommies in his hospital. Censors were supposed to keep in strict confidence everything contained in the letters, unless it was something that had to do with military affairs. In spite of this, the American officer had been so much amused by reading the letter of one of the Tommies to his wife that he had copied it and had enclosed it in a letter to his own wife for her amusement, not knowing that his own mail was being censored higher up. He had been hauled up before the authorities for this breach of confidence, and raked over the coals pretty vigorously for his offense. However, not content with this and feeling sure that it would not happen again, in a subsequent letter to his wife he had related his experience with the Army authorities as a joke, and had very foolishly enclosed another copy of the Tommie's

letter. This too had been caught up. Then he was in trouble sure enough, and he was about to be courtmartialed when this telegram was sent to our Headquarters.

General Ireland was disturbed about the matter for various reasons and was anxious to know whether or not I could use the officer in our work in the American Army. Knowing the officer personally, I said that of course I could and would put in at once a request for his transfer. This was done, the transfer was quickly made, and the disciplinary measures on the part of the British authorities were thus avoided. However, the incident shows how thoughtlessly foolish some people, even the best of us, are at times, and what a difference there is between the civil and military way of doing things.

In no department of the A. E. F. was this difference more apparent than in the Medical Corps. A system had to be built up that would give the maximum of care to the wounded in the shortest possible time. All that could be done in the Front Line Hospitals was to deal with the emergencies—stop hemorrhage, clean up and cover up gaping wounds, relieve pain, apply dressings and splints—and to transfer the desperately wounded safely and as comfortably as possible to hospitals farther in the rear. The Front Line Hospitals were of the mobile type, on wheels so that they could follow closely the movements of the troops, advance with them or retire as the case might be. The Second Line Hospitals were also more or less mobile. Here emergency major operations were done, but as soon as possible the patients were sent on to Base Hospitals, which were more fixed. In these hospitals major operations of all kinds were performed and patients were kept until convalescent or until they were in condition to be moved to the Port Hospitals, and thence shipped back to the United States. The system worked admirably, largely because of the devotion and ability of the surgeons in charge, and the splendid service rendered by the nurses and the department of the Army that handled the transportation of the wounded.

The surgical staffs were not only actively engaged in the wards of the regular hospitals, but were called upon to make up surgical teams to serve in different hospitals in areas where the fighting was most active. So it was that the staffs of the Base Hospitals were constantly drawn upon to fill these demands. When a drive was on in a certain location, the Mobile Hospitals were rushed there to take care of the wounded. As soon as the pressure eased at one point and increased at another, the patients were evacuated to the rear, and

the hospitals were moved to this new area of greater activity. The demands on the staff, doctors, surgeons and nurses, were enormous. For days at a time there was no relief, but I never heard a complaint or had occasion to reprove anybody for lack of willingness to do whatever had to be done.

Tetanus (lockjaw) was rife among the wounded at the beginning of the War. The generally accepted reason for this is that from time immemorial the cultivated land in France had been fertilized by stable manure, carefully collected and stored by the peasants for this purpose. In the average country hamlet one of the most prominent features always was a great number of large manure piles, usually occupying a very conspicuous place. This manure was spread lavishly over the land and was plowed under year after year. Since the normal habitat of the tetanus bacillus is the intestine of domestic animals, particularly the horse, and the same is true of the gas bacillus, the soil was thoroughly impregnated with these two virulent organisms, besides others.

Life in the trenches made practically impossible the ordinary sanitary arrangements which are elsewhere considered necessities. A bath was a luxury only to be enjoyed in retrospect or prospect. Rain was frequent, and there was mud, unspeakable and universal, most of the time. The clothing and bodies of the soldiers were always soiled with it and consequently infected with the virulent organisms of tetanus, gas bacillus, streptococcus and others. The wounds of modern warfare were entirely different from those with which military surgeons of former days had to contend. The fragments from an exploding shell filled with high-power explosive went whirling in every direction with enormous velocity. When they struck the body of a soldier, owing to their high speed and rapid rotation, they penetrated deeply the tissues and pulpified them, an entirely different picture from the old war wound. The pulpification of the tissues made an ideal culture medium for the development of these organisms, especially because they belonged to what is known as the anaerobes; that is, those organisms which develop only under conditions where the oxygen of the air is not present. The fragment of shell upon entering the tissues usually made only a small external opening in the skin, which was soon sealed over by a blood clot or scab of dried secretion and dirt, thus effectually keeping out the oxygen of the air. This set of circumstances at once gave rise to an

entirely new problem for the surgeons to deal with. It took time to solve it, but a satisfactory solution was presently found.

The old method of treating infected wounds by opening and draining them was not effective in wounds infected with either tetanus or gas bacillus. The technique newly developed was the excision of the entire area infected, to which maneuver the French term "*débridement*" was applied. At the beginning of the World War surgeons as a rule would have said that if there was one thing in surgical practice that had already been satisfactorily settled, it was the proper treatment of infected wounds. But the whole subject had to be reopened and the methods completely revised. Thus it came about that the new antiseptic, if it can be so characterized, that was developed by the exigencies of modern warfare was the knife, one of the oldest of the agencies at the disposal of the surgeon—which seems to confirm the assertion of the old adage, "There is nothing new under the sun." The only way to get rid of the pulpified tissue that furnished so admirable a culture medium for the infectious organisms was to remove it thoroughly by cutting out all the injured tissues down to normal muscle, and then leaving the wound wide open. This procedure seemed at first to be a mutilating one, as it was, and it resulted in much scarring, but even that was better than loss of life.

The medical officers, except those engaged in the very front lines, were not often exposed to actual gunfire, but there was always the chance of mishap in moving around in the front areas, a good deal of which we had to do, and in the bombing of hospitals and surrounding regions, which took place every now and then, I am sorry to say. Accidents did happen from time to time to members of the medical personnel. Our Headquarters were bombed and machine-gunned by enemy planes on several occasions. Once a bomb was dropped in the back yard of the house in which one of our Headquarters staff was billeted. Fortunately it happened to be a dud.

Once Dr. Fisher and I were about to set out to an advanced outpost along a road which was in plain view of the enemy observation balloons and under their artillery fire. Just ahead of us was a soldier riding a bicycle. As he was going along at a fast pace, a shell exploded very close to him, and he and his bicycle suddenly disappeared from view into a deep ditch along the side of the road. We were afraid that the soldier had been badly hurt and were about to offer first aid when we saw his head appear above the edge of the ditch. He waited a moment to see whether or not the coast was clear,

and then climbed out into the road and came running back, having suffered nothing more serious than a good jolt, a mud bath and the loss of his bicycle. At this point Dr. Fisher and I held a consultation and decided that the business on hand was not of sufficient urgency to require our journey along that road just at that time.

Since the prevalence of tetanus at the beginning of the War was so great, strict measures had to be instituted in order to control its ravages. A special order was issued from Headquarters to the effect that all members of the Medical Corps were to be provided with tetanus antitoxin, to be administered at once by the first member of the Medical Corps who came into contact with a wounded soldier. At the same time a "T" was to be marked on the forehead of the patient with an indelible pencil by the one who had given the injection, in order to prevent repetition of the dose in the case of an unconscious soldier. This treatment had a marked effect in reducing both the morbidity and mortality of the disease.

One day I happened to be up front in one of the receiving stations just behind the line where active fighting was going on. As the wounded came in, some borne on stretchers, others walking, I took particular notice that every soldier had his "T" marked on his forehead. Suddenly this changed, and none of the wounded had the mark. I made inquiry and learned that in the first-aid station, a dug-out through which all these soldiers had come, there had been only one medical officer. He had taken care of all the wounded up to the time when a direct hit was made by an enemy shell on the dugout in which the doctor and the soldiers were. Several were killed outright, and the doctor was desperately wounded, but even so, he had carried on, inoculating the soldiers until he had fainted from sheer exhaustion. He died shortly afterward from loss of blood. I obtained his record and sent it to Headquarters with the request that he should be awarded posthumously the Distinguished Service Cross, which I am glad to say was done.

Another time I was in a receiving hospital during a rush of wounded when I noticed a surgeon who was operating at one of the tables. One foot was on a low stool; the other, in an extension splint, was hanging free. On inquiry I learned that his leg had been broken when the hospital was bombed shortly before, but when the rush of wounded had come, he had insisted on leaving his bed and taking his turn along with the other surgeons. He was recommended

for a Distinguished Service Medal. I never heard whether or not it was granted.

Nowadays when such a large proportion of the population of the world is at war, whether declared or not, we are so familiar with newspaper reports of the horrors of war that we become calloused as to what they really mean. It takes a concrete illustration to give one a true realization of just how horrible war really is. Such an experience fell to my lot comparatively early in my service in France.

The American troops were at that time gradually taking over portions of the front line and so relieving the worn-out French troops, who had been hard pressed. The entry of fresh American troops in any given sector was usually the signal for renewed and intense activity on the part of the enemy, their idea being to give the new troops a warm reception. I saw one Division of the American Army as it was sent up to relieve the French troops. It was made up of unusually fine specimens of manhood. They had been splendidly drilled and made a wonderful sight as they marched to their designated stations behind the lines, waiting for the appointed hour to advance to the front line.

We had been informed of the time and place where our troops were to go into line, and knowing what to expect we had prepared our hospital set-up so as to be ready for what would surely follow. When the order to advance came, as the troops moved up a small hill with the rays of the setting sun falling on them, preparatory to taking over the front line from the French under cover of the approaching darkness, they made one of the most moving martial sights that I have ever seen or expect to see. This picture, "Before," showed war in its most attractive aspect. The soldiers disappeared in the gathering darkness. Twenty-four hours passed by. The transfer had taken place. Then the "After" picture began to appear. Instead of marching soldiers, we now had returning to the hospital broken specimens of manhood; gassed, maimed, torn, bleeding, suffering, carried on stretchers, or those who could walk supported by comrades. The doctors and nurses worked hour after hour, day and night, trying by every means in their power to repair, if only temporarily, the damage done by the devilish weapons and methods of modern warfare. Fortunately we did not have time to stop and think what it all meant. But as a demonstration of the destruction to life, limb and tissue caused by the weapons used in modern warfare, it was an experience that one can never forget. Sherman's definition of

war as "Hell" hardly overstates the matter, even though one accepts the old-fashioned, orthodox conception of the defining term.

One day at our Headquarters there appeared a nice-looking, up-standing young officer, dressed in the uniform of the Foreign Legion and wearing the decorations of the Legion, as well as other personal decorations denoting individual bravery. In addition to his service stripes, on the sleeve of his blouse he wore three wound stripes. Altogether he was an attractive, distinguished-looking young soldier. Of course, the Foreign Legion uniform attracted attention anywhere. They had made a very unique reputation for themselves and were quite idolized by everybody.

He asked for me, and the orderly brought him to my office. When he saw me, he stopped and saluted. I returned the salute. He stood there a moment while I got a good look at him, and then he said in perfect American-English, "Doctor, you don't seem to recognize me."

"No," I said. "I don't believe your own mother would recognize you in that costume. Ought I to know you?"

"No," he said, "I am not surprised that you don't. You haven't seen me since I was a small boy up in Bel Air, Maryland. I am Eben Finney Nock."

The parents of young Nock had been members of my father's church at Bel Air and had named their boy after him. I had known Eben as a small boy, but had seen or heard little of him in recent years.

We had a pleasant chat for an hour or so, in the course of which he told me some facts about himself. He had always had the "wanderlust," and as soon as he was old enough he had left home and had been wandering over the face of the earth ever since. He had been in the diamond fields of South Africa when the War had broken out, and two of his pals and himself, as soon as they had heard of the War, had made up their minds to leave Africa, go to France and enlist in the Foreign Legion. He had been campaigning with the Foreign Legion for the better part of three years, and a strenuous time he had been having too. He had been wounded three times, nearly killed once. Following several months in the hospital, he had finally recovered and gone back to duty.

"When I heard," said he, "that the United States had entered the War and that your outfit from my own State of Maryland was here, I at once got homesick to join you. I applied for leave, and here I

am. Have you anything I could do? Frankly, I am fed up with this war business. My two pals are gone; one is dead and the other worse than dead. I have been wounded three times and nearly killed once, and I know that if I keep on I'll get mine just as they have. So I am here in the hope that you can find something for me to do. I want to be back among my own people."

As I had taken an immediate liking to him, I was more than willing to have him with us. I asked him if he spoke French. "Yes, indeed," he said. I told him that we needed a Liaison Officer at Headquarters and that I would sign him up at once. (It is fair to say that I thought that it would add considerably to the general tone and appearance of our Headquarters to have an officer of the Foreign Legion, with his medals, decorations and wound stripes, attached thereto.) I was quite as pleased as he was with the prospective arrangement. He spent the afternoon and night with us and left early the next morning, saying that he would at once put in a request with his Commanding Officer for a transfer to the American Army for duty at our Headquarters. I told him that I would put in a request at the same time through our Great Headquarters and that possibly my request would get through before his. He went back to his post very happy in the prospect of being back with us soon.

About two weeks thereafter, I had occasion to go to Paris to attend a medical conference of the Allies. On the way I bought a copy of the Paris Edition of the *New York Herald*. The first thing that struck my eye when I opened the paper was the headline of one column, which gave an account of the death in action of Sergeant Eben Finney Nock, and then a eulogistic account of his accomplishments while serving with the Foreign Legion. This was a shocking blow, of course, as he had made so favorable an impression on us all, and we were looking forward with pleasure to having him work with us at our Headquarters. The newspaper account went on to state that a night or two before, in a raid made by the Foreign Legion, Sergeant Nock, along with a number of others, had been killed, and that his body had not yet been recovered, but had been left in "No Man's Land."

On reaching Paris I went at once to the French Headquarters and made inquiry about his death. They had little more information to offer than had been published in the newspaper, but I left word for them please to inform me if and when his body was recovered and where it was buried, and to send his effects to me at my Head-

quarters, and I would see that they were returned to his family at home. Shortly afterward I received word that his body had been recovered and the name of the cemetery in which he had been buried. This information I sent to his family in Baltimore, together with his effects.

On my return to Headquarters after several days' absence, I found in my mail two letters from Nock. The first told me he had been greatly rejoiced to learn from his Captain that my request had just come from the American Headquarters for his transfer to our Base Hospital as Liaison Officer, and had been granted. He thanked me for what I had done and said that his Captain had told him he was free to leave at any time. He would report for duty in a few days, as soon as he could get over to us. The second letter of the same date was written hurriedly, in pencil, at eleven thirty at night "in the trenches." It briefly stated that orders had just been received from Headquarters to make a raid that night. "For old time's sake" his Captain had asked him to go along "just once more." This request he felt he could not refuse, as the Captain had always been very good to him in times past; so here he was with his Company in the trenches. "Zero hour" was twelve o'clock, and he was simply writing this hurried note to thank me and all the rest of us again for having given him the satisfaction of feeling that he would be back shortly to serve thereafter with his own people. But "if anything should happen" to him in the raid, which would begin in a few minutes, he wanted me to know that he would die happy in that thought. A postscript said that he would give this letter to someone who was not going along to be forwarded in case anything happened to him. This was evidently an instance of one of those curious premonitions of impending disaster that one meets with now and then.

Incidents like this continually brought home to us what a horrible specter war really is. Fortunately elements of comedy occasionally stepped into the grim realities of our life and brought some relief to our senses, dulled by the constant destruction going on around us.

One story that was told was about the Forty-second Division of the A. E. F., which was composed of troops enlisted from various states. Among the states represented was a delegation from Alabama, which made quite a name for itself in various ways. The Alabamians, at least those whom I came into contact with, seemed to be drawn largely from the rural districts of the state and made excellent sol-

diers, although the Army discipline proved a bit irksome to many of them, as they appeared to be strong individualists.

On one of my rounds I heard a story of an Alabama soldier who had been a woodsman all his life. He was on guard duty in an advanced outpost in a forest, where he had apparently been a target for a German sharpshooter, who had taken two or three shots at him without effect. The officer on duty, when making his rounds, came to this particular outpost and found it deserted. Not knowing what had become of the sentinel, he waited around to see whether or not he would return. He did so shortly, and in answer to the officer's questions as to where he had been and what he had been doing, he replied, "There was a guy over there shooting at me, and I got tired of it, so I went after him."

"Did you get him?" asked the officer.

"Yes."

"How! Shoot him?"

"No, choked him," replied the Alabamian. Evidently, not wishing to make too much of a disturbance about it, he had applied some of his woodcraft knowledge and skill, had stalked the German soldier and had quietly put him out of commission in the manner suggested.

As anyone will guess who knows the race, the Negroes provided us with a good deal of what fun we had. The average colored soldier had little idea as to what it was all about, why he was in France and what his being there helped to accomplish. If you addressed him in his own tongue, he would recognize you at once as "one of his folks" and would be willing, indeed anxious, to converse and tell you anything he knew, and not infrequently a good many things he didn't know but simply imagined. I never missed a chance, when I had a little time, to stop and talk to the colored troops. It was always amusing and often illuminating.

The venereal diseases were very common among them. Their association on intimate terms with the French women, to whom color apparently made little difference, resulted in so high a venereal rate among the colored troops that an order was issued from Headquarters that every colored soldier, whenever he disappeared from view for any length of time, no matter what his errand, on his return automatically had to go through the prophylactic station, or as the darkies called it, "take de 'laxis." The faithful carrying out of this order helped considerably to keep the infection rate within bounds.

One day I received at Headquarters a request from the Com-

manding Officer of a Company stationed near a large city that Sergeant T—— of the colored troops be excused from the operation of the above order. As I knew there must be something back of it, I replied by asking for further information. In a day or two the Captain himself dropped in at my office to talk the request over with me, explaining that he could do that better than he could write. The sergeant in question was a valuable man, a messenger at Headquarters who was sent out on various important errands frequently. Each time he returned, in obedience to the order, he would automatically go through the prophylactic station. One day he appeared at Headquarters and said, "Cap'n ah'm sorry, suh, but ah has t' ask fo' a transfer."

"What's the matter, Sergeant, don't you like us?"

"Oh, yes, suh, you folks treats me jes' fine."

"Don't you like your job?"

"Yes, suh, ah likes it jes' grand, all 'ceptin' one thing."

"What's that?"

"Ah don't like to say, suh."

"Out with it. What's the trouble?"

"Well, suh, yo' knows what mah job is, an' yo' knows about dis heah ordah about us cullud soldiers an' de 'laxis. Yo' gen'lmen sends me out heah ev' little bit fo' all kinds of tings, and ev' time when ah comes back, ah has to take dis heah 'laxis."

"Well?"

"Well, suh, it's jes' like dis. Yestiday ah was out seventeen times, an' heah it tain't twelve o'clock yit today, an' ah done been out ten times a'ready, an' 'deed, Cap'n, ah'se gettin' sore."

After hearing the Captain's report, my sympathies were all with the Sergeant; so he was excused from further operation of the order.

Once after a hard day I was riding along the road through a troop encampment about supper time. I passed a kitchen tent just in time to see the colored cook take a pan out of the oven of a camp kitchen stove and empty its contents on the table. At once my attention was attracted, as it looked to me like a good old southern "corn pone." Instantly I had my chauffeur stop, and I got out and went over to the table. There before me were three or four as delicious-looking corn pones as one would care to see. I said to the cook, "Sam, who are you feeding here?"

"Aw," he said, "jes' a passel o' soldiers."

"Have you got enough corn pones to go around?"

"Yas, suh. Won't you have one?"

"Don't offer it to me unless you want me to take it," said I.

He replied, "Sho', yo' kin have one. We all's got a plenty. Help yo'self."

I took the corn pone, gave Sam a franc and returned to my auto. My chauffeur, McCormick, and I attacked that pone while it was still hot. We didn't leave a crumb. I think that during the whole time that I was in France I never tasted anything quite so good. It was something to mark time by. You may talk about your French cooking all you want, but as for me, born in Mississippi and raised in Maryland, give me chicken, fried brown as only a good old Maryland darky cook can fry it, corn pone, and turnip greens boiled in "pot liquor," and you may have all of the sauce-covered, messed-up concoctions made by the best of the French chefs.

When I was returning to France in June, 1918, after my hurried trip to Washington, the U-boat activities were at their height. Our ship was loaded to the gunwale with troops, some black, some white. The ship's company was subdivided into boat crews of about forty each with an officer in command. By virtue of the fact that I was an officer, I was assigned to the command of one of these boats. I used to wonder what I should do in case anything happened, but fortunately that question was never answered as nothing happened, except that we had a rather rough passage across. My boat's crew was made up entirely of colored soldiers, which pleased me very much as it gave me an opportunity to talk to them and to get to know them. Every so often we were called to quarters and had a drill in the correct manner of manning boats, etc. Then after some instructions from one of the officers as to how to disembark in a hurry in case we were torpedoed, we would be discharged. The rough trip played havoc with my crew. Starting with forty, after about four or five days my crew was reduced to less than a half-dozen. The rest were down in the hold, unable to appear.

However, there was one colored trooper who always appeared. He never missed a drill. I had watched him for several days because his color had gradually changed from about that of a chocolate drop when we started, to that of a two-week-old black-and-blue spot, green, yellow and black by streaks. He was the sickest-looking darky that you ever saw, but he was game. After four or five days, I called him to me one day after the drill had been dismissed, and said, "Well, Sam, how are you coming on?"

He looked at me rather inquiringly and answered, "Right smart, suh, thank you, suh."

"Well, we have been having a right rough trip, haven't we?"

He replied, "'Deed ah don' know, suh. Dis is de fus' time ah evah been on de ocean. I ain't nevah seed it befo', an' ah don' wan' to see it agin soon, neddah."

"Where do you come from, Sam?"

"Ah comes f'om Georgy, down in de cotton fields, an' ah lak to git back theah as soon as ah kin."

We talked a few moments, and I said, "Well, Sam, a lot of people are seasick, aren't they?"

"Yes, suh," he answered. "It sho' is som'thin' awful downstairs. Ah ain't nevah seen nothin' lak it."

"Have you been seasick, Sam?"

"Naw, suh," he answered rather doubtfully, "not lak some of them other fellows." His looks certainly belied his statement.

"Are you sure, Sam, you haven't been seasick?"

"Well, suh, ah ain't 'zactly been seasick, suh, but it 'pears lak a while back if ah hadn't a' throwed up, ah mought ha' been."

"Well," said I, "if I'd a' throwed up, I'd a' thought I'd been seasick, but maybe not."

One day while visiting one of the ports, I happened to be walking across a wharf where a company of colored troopers were unloading one of the ships. As I walked along the edge of the wharf some distance from where the unloading was in progress, I noticed a big, black trooper stretched out behind a pile of lumber, sound asleep. In the spirit of fun more than anything else, as I passed the sergeant who was in charge of the unloading, another strapping colored soldier, I motioned to him to come over where I was. He came over, and I pointed to the soldier sleeping behind the lumber pile.

"Fo' de Lawd!" cried the sergeant. "Did yo' ever see anyting lak dat, and we all a' tryin' to git dis heah boat unloaded de fust ting we kin. Ah'll fix him." With that he picked up a piece of planking, sneaked up to the fellow, who was still sleeping, and gave him an awful whack on the seat of his pants with the piece of board. The effect was electrical. The darky jumped up, and the sergeant said to him, "Look a' heah, niggah, what yo' think yo' doin' anyhow, lyin' aroun' heah sleepin' when we is doin' our durndest to git dis heah boat away from dis heah dock? Who yo' think yo' is anyhow? Yo' must tink yo's a West Pointer."

The West Pointers were not in very good favor with the colored troopers; they were too strict disciplinarians.

One day after one of the divisions of colored troops had had a rather disastrous brush with the enemy, in which they had not given an especially creditable account of themselves, I happened to be going through one of the field hospitals back of the line in the region where this incident had happened. I stopped and spoke to a big, black soldier in one of the hospital beds. He seemed happy and contented.

"Sam," I said, "what are you doing here in bed? Did you get wounded?"

He laughed and said, "Naw, suh, ah didn't 'zactly git shot."

"What happened to you then?"

"Well, Colonel, ah don' know jes' 'zactly what did happen."

"What were you doing?"

"Well, suh, yo' knows we was in dis heah fight de odder day wid dese heah Boches, an' ah done stood it fo' a while, but dere was too much shootin' goin' on aroun' dere fo' me, so ah jes' drap my gun an' got out o' dere as fast as ah could run, an' ah was gettin' out so fast dat ah don' know jes' how it happened."

"What do you think happened?"

"Ah don' know, Doctah. Ah done somehow hurt mah foot when ah was a-runnin', an' de only way ah kin 'count fo' it was dat ah mus' a' hit ma foot on de top of a trench."

He certainly must have been hitting only the high places!

Another day I was walking up to the Front Line Medical Station after a fierce bombardment. The road had been so broken up that you couldn't drive a car. I was walking near a company of colored troopers who were filling up the shell holes and repairing the road. As usual they were singing, talking, and laughing with each other. Just then an airplane suddenly swooped down close over their heads. Of course, everybody stopped and looked up. The airplane went on and nothing happened. One of the colored soldiers looked up at the airplane and said, "Humph, t'ain't no place for no niggah up in one o' dem tings." I knew that that would start an argument right away, so I loitered along to hear some of it.

Instantly one fellow took it up and said, "Ah lak a' know why it t'ain't no place for no niggah up in one o' dem things same as a white man?"

"No, siree, t'ain't no place for no niggah up dar," replied the first

speaker, "'cause if dere was a niggah up in one o' dem tings, he wouldn' be a-runnin' it. A white man he'd be a-runnin' it, an' de niggah he'd jes' be settin' dere. Den s'pose somethin' was to happen to dat dere ingine an' it stop on yo'? Dat white man den he'd say, 'Look a' heah, niggah, yo' git out heah right quick and crank up dis heah ingine.' Den whar'd yo' be at?" This appeared to be unanswerable; so I passed on.

Under much the same conditions I was walking another time through what was left of a town—ruins of the walls of houses—along a road that had been shot full of shell holes in a recent bombardment. Another group of colored soldiers was repairing the road. The Captain of the company had evidently left orders with the sergeant and then gone off for a while on another job. He was just coming back as I passed along.

"What's the matter," he called, "with you fellows here? What the h—— have you been doing since I've been away? You've been loafing on the job. I told you to fill up these shell holes, and I've been gone some time and come back here, and look at it. There ain't one of them filled up yet."

"Laws, Cap'n," replied the sergeant, "see de size of dis heah hole. We done put three houses and a church in dat hole a'ready, an' jus' look at it. T'ain't mo'n half filled up yit. 'Deed we ain't been a-foolin'."

Those busy days in France during the latter part of the War were laden with heavy responsibilities of all kinds, now darkened with disappointment, now brightened with laughter, every day bringing with it some new experience, pleasant or unpleasant. Collectively, there was a great deal of sameness about it all, but there were few idle moments for any of us. There was always something to be done; interviews with medical officers, complaints to be heard, questions of all kinds to be answered, decisions to be rendered, reports to be heard and read, appointments to be made to the various positions as they were created or as vacancies arose. When we weren't at Headquarters, we were visiting the hospitals in order to see that the interests of the patients were being cared for and that the doctors and nurses were on the job.

During the last few months the War had become mobile. As the Germans were constantly being pushed back, our troops were moving forward in pursuit. In order to keep up with the advances of our Army, we had to put our hospitals on wheels and play leap-frog

with them. During this active period the hospitals were filling up with wounded and almost as rapidly emptying. As soon as the patients in one mobile hospital could be moved to the evacuation and base hospitals, that hospital was picked up bodily and deposited in a new area as near the fighting line as possible, and the process of filling and emptying was repeated. Meanwhile the hospitals in the rear were brought up to the forward areas as soon as possible. Fortunately it was very seldom that we did not have a hospital available when the need arose.

Perhaps some extracts from letters that I wrote home during the War will give a better picture than anything else of the true state of affairs in France, and will provide a little insight into how we lived, what we thought about, and the kind and amount of work we had to do. The letters were written after I had assumed my job as Chief Consultant in Surgery in the A. E. F.:

France, 1918.

Paris, January 8.

"Here I am still in Paris, and I am free to admit that I am not in a very big hurry to get away from here, for one can enjoy the luxury of a house that is partly heated, at least, and a bathroom with actually hot running water in a bathtub where you can stretch out and take a real bath. I never appreciated before what a luxury a warm bath was. After spending a week here, and having the benefit of the tub and the warm water, I really am beginning to feel decently clean once more. It is surprising how fully one appreciates the French point of view as regards the use of water, after having lived in this beastly climate for six months. We are all beginning to look upon a bath as a pleasant memory, but a luxury that can be readily dispensed with.

"Paris just now is no place for a man with nothing to do. It is full of women street-walkers, and you can't go on the streets after four o'clock in the afternoon without being accosted by them, and after dark they frequently lay hold of you if you so much as look at them in passing. An order has been issued recently taking as many as possible of the departments out of Paris, and putting them in other cities and towns. It will be a good thing in more ways than one.

"I am kept very busy nowadays with the many different things that have to be done in connection with my new job. I find much to be done before it will be in a satisfactory condition, and lots of

supplies that we shall need just as soon as our troops get busy, which we haven't now, and don't know when we shall be able to get them. But we are doing the best we can with what we now have, and we are hoping that the other things will get here before we actually need them. This winter has so far been extremely cold, and it has been very difficult to keep everybody decently warm. I am well fixed and the boys have plenty of warm clothes, and everybody in the Unit has enough to get along on, but some of them could do better with more. When I left there a week ago, the warm clothing which you folks sent had not as yet arrived, and it may have gone to the bottom of the ocean, as I understand that something over three thousand cases of goods for the Red Cross went down just about the time this for us was coming through. They could not tell us anything more definite than this when I inquired at the shipping bureau of the Red Cross.

"I want all you dear folks at home who are working so hard for us to feel that at least you can do so with the reasonable assurance that what you make and send over here will ultimately get to the folks for whom it was intended, and that unless the U-boats sink it on the way, it will get to us as soon as the very much congested transportation facilities will allow. So please don't get discouraged, but go on with your splendid work of furnishing supplies of gauze and other surgical dressings, for just as soon as our boys get into the trenches, and that won't be long now, we are going to need everything that you can send.

"Sooner or later the burden of carrying on this War is going to fall upon our shoulders. I can't go into details, but I am more and more convinced that this is going to be our War to an ever-increasing extent. I can as yet see no real sign of the end. Just when this will be, God only knows. Certain it is that the Boches want peace very badly, more so than anyone else, but they are not yet defeated, and with Russia out, they can get supplies from that source that will help to keep them going indefinitely. Then too there is as yet no sign of any internal dissension in Germany, although the Socialists are getting very restless. So we might as well begin to prepare ourselves for a long war, hoping all the time that the unexpected may happen and something blow up somewhere suddenly and stop it."

Paris, January 11.

"I shall probably be leaving here tomorrow to establish our Head-

quarters near the Front, so as to keep in close touch with the needs as they arise. The Red Cross is coming to the fore now splendidly. The new set-up is all right, so I want you folks to know that you will get a dollar's worth for every dollar that is spent, and that it will accomplish just as much as is possible.

"I see in the newspapers a lot of talk by someone about the alleged drunkenness among the U. S. soldiers. This is a base libel. It is quite the contrary. I have yet to see a drunken U. S. soldier on the streets in France, and I have looked for them constantly. I have seen a few officers in hotels who evidently had been drinking, but few really drunk. I have been struck with the fact of the absence of drunkenness among our soldiers. This does not mean that there is no drinking, for there is, and some of them do get drunk, but they are severely disciplined, and drinking is in every way discouraged by the military authorities. It is against orders here to drink anything but light wines and beer. It would be almost impossible to enforce an order against these, for nobody drinks water here, as you know, because most of it is unfit to drink without boiling or sterilizing. So it is thought best to allow these and enforce strictly the law against the rest—a wise decision, it seems to almost everyone here. There are lots of calamity howlers here as well as with you."

Paris, January 17.

"I have been associating with the 'near-great' quite a bit. Have just received a very cordial invitation for Jack Yates and me to dine with General Sir Bertrand Dawson, Physician to His Majesty the King of England. He is the ranking English medical man in France, and I wanted to get some information out of him as to how the English took care of their wounded and sick. I find him a most interesting and really charming personality, and most willing to help me in any way in his power. Indeed, I have found all the real men just that way, both French and English. I have come to judge, to a large extent, the caliber of the men that I meet over here by their approachability, and the way in which they bear their honors and responsibilities. The little whippersnappers are the fellows that are the sticklers for military formality and etiquette, while the really big men don't give a hoot for the whole business of red tape and kowtowing. This afternoon Peck and I spent a most helpful and interesting hour with Professor Tuffier, the Consulting Surgeon to the French Army and the foremost surgeon in France. The French

of the Tuffier type are fine, but they don't make the same appeal to me as the English—perhaps it is the difference in language. There is something about the real Englishman that this War has brought out that is different from anything that I have ever seen before. There is a quiet earnestness, a seriousness of purpose and an air of resigned determination that is better understood than described, and which simply fascinates me and convinces me that no power on earth can conquer that race. It makes one proud to belong to the same stock; and at the same time stimulates the desire, and the determination as well, that we will prove ourselves worthy of our forefathers and of their traditions. You will see the same thing in the best of the Frenchmen, but their temperament and racial characteristics are so different that it manifests itself in a different way—a curious form of Stoicism, which is unnatural to the race. The Englishman doesn't hesitate to talk freely and frankly about the War and all that it means to his country and to civilization, but he does it in a way that excites one's unbounded admiration. Sir Bertrand is the best type of the educated, traveled Englishman, so I am anticipating a most delightful evening. The Tuffiers and the Dawsons and the leaders of this type make you feel optimistic as to the outcome of this War. Just so long as men like these are the leaders of the thought and action of their respective nations, as fortunately for civilization they are in the present war crisis, things can't go very far wrong. So you will judge from all this that I am an optimist. Yes, I am, and becoming more so all the time, as I gain a clearer insight into the true condition of affairs over here.

“I am convinced that the tide has turned. The forces of right and justice are gaining the ascendancy.... The stimulus of the presence over here in increasing numbers of the fresh, and in many respects raw and untrained American soldiers, is having a most wholesome effect upon the French and English psychology. Don't misunderstand me when I speak of the American soldier as 'raw and untrained.' In many respects they certainly are as compared with the seasoned and veteran 'Poilu' and 'Tommie,' but at the same time there is about them a certain something that is lacking in the others, or at least is not present to the same extent; namely, a suggestion of vigor and 'pep' that is present in a fresh athlete as compared with one who has played the game until it has begun to tell on his vitality—a punch that carries with it a latent power that, unless I am much

mistaken, will put it over on the Boche ultimately in a way that no one can deny.

"When that time will come, I do not know. It may be this year, it may not be until next. God grant that it may be soon so that as few as possible of our splendid young men may be sacrificed. But that it will come, I am just as sure as that the sun will rise tomorrow. So you good folks over there just cheer up and keep right on with your splendid work; for aside from the material aid that it affords to all the hospitals and soldiers, sick and well, it just means everything to everyone of us over here, man or woman, big or little, to know and feel that you are back of us, and that the folks back home, whom we love so much and of whom we think so often, are working just as hard and just as faithfully as we are to bring about the thing that we all desire above everything else—the winning of the War—for that means home and loved ones to us all. . . . I am informed that many cases of dressings have been sunk by the U-boats, so please ask everyone to make and send all the dressings that they can, as they are much needed. We are in the trenches to stay, and the need will constantly increase as the number of our men engaged increases. Of course, some of the dressings will be lost by the U-boats on the way over, but that can't be helped.

"I dined the other day with my classmate at Princeton, Jack Kennedy; he is in the Transportation Department. I was invited to the M——s to lunch yesterday, but couldn't go. I must call there tomorrow. I must also call on Mrs. W——. You see that even here I am doing the society act (you know how I love it!). I guess it is a judgment on me, for at Base Hospital Eighteen I was the society member of the Staff, and had to entertain all the joy-riding investigating (?) committees. Walter Poultney will have nothing on me in a society way when I get home, so I give you fair warning. There are lots more Baltimoreans here doing all sorts of things. It quite suggests Charles Street on the Place de la Concorde sometimes."

Paris, Friday P.M.

"This is a serial story, as you can see. I write between the interruptions. Today I am doing my P. P. C.'s, some of them purely duty, and others a real pleasure. One of the latter was to stop and see Miss Lizzie Gilman in the Y. M. C. A. Hotel. She is as proud of her 'boys' as a hen of a brood of ducks, and they of her. She is

really doing a splendid work, mothering and looking after the soldier boys. It is just such influences as these, offering other amusements and interests, that combat the other conditions about which I have written above. I think you will surely be tired out by the time you wade through this long epistle, but it is a great pleasure to talk to you, Mother dear, and through you to my very many good friends to whom, one and all, I am deeply grateful for their kind thought of me, and their expressions of good wishes, as well as their many generous gifts of good things to eat and warm things to wear. You may rest assured that everything that comes is used, if not by myself, by someone who needs it more than I do, and who appreciates it just as much. Please give them all my love. A hug for 'Little Sister,' and tell her that her Daddy looks 'so grand' in his new uniform that she just wouldn't know him. Everybody says that he 'looks like a general,' even if he is only a major. This may be so, but the blooming blouse nearly chokes me to death, and I am going to get this collar cut down a bit, even if then I only look like a captain."

Base Hospital Eighteen, January 27.

"We are doing things here in this Hospital now right along in the treatment of wounds, especially of the soft parts and chest, that we wouldn't have dared to attempt in the Johns Hopkins Hospital, and what is still more wonderful, the results are most gratifying. We are learning constantly, and we shall learn a good deal more in the way of simplification of methods and technique when we get into the thick of it. One of the things that I am most anxious for in my work in connection with the surgery of the War, so far as the A. E. F. is concerned, is that after it is all over it can be truthfully said that in addition to giving our soldiers the best possible care and attention, we have also added something to our present knowledge and skill in the diagnosis and treatment of military surgery in its broadest sense. It is not enough simply to do as well as the English and French are doing now, good though that is; we must by a scientific study of conditions add something to the sum total of human knowledge in this respect.

"We had our first meal in our new apartment yesterday—'déjeuner.' I wish I could describe to you our new quarters; the first-floor flat of a good-sized house, with a basement kitchen, and the

funniest little old bearded French Madame as cook and general manager—she certainly is the latter. She likes to be called ‘Madame’ and is really quite a superior person, as she cooked for years for some of the ‘near-great’ here in France. She is a good cook all right, but has the failing of all good cooks, a bit of temper. But we get along all right, with Jack as housekeeper and ‘lady’ of the house. I think we shall be very comfortable, as the flat is nicely furnished with most of the essentials, with a nice little side yard and garden in which we can grow a few flowers and vegetables. There is a veranda which overlooks our yard and garden on the sunny side of the house, so whenever the sun does shine in France, which so far has been exceedingly rarely, we get the benefit of it. The beds are comfortable, but with the inevitable Continental feather bed, not more than one half of the length of the bed, so it is a choice which end to let freeze. Our fine blankets and bed quilts that you and our good friends have been sending us will come in handy here. I think we shall be very comfortable indeed. I wish you could hear the bombardment going on around us by the American troops in training. It sounds like real war. We have gotten used to it, however, and don’t notice it any more.

“The seventeen cases of warm stuff arrived all right. There is plenty of use for all that we can get to supply the needs of others less fortunate than ourselves. Some of them have been very slow in coming through, though I think we have got nearly all the packages which have been sent so far. The blankets from the B——s arrived only yesterday with a lot of mail. Please thank all these people for me most heartily. I just can’t write personal notes to all the folks that send things, much as I should like to, as I have so little opportunity now that I am really busy.

“I want you to tell all of your friends that the Red Cross is at last on its real job; namely, helping in every way to win the War.... In my present position I have had frequent occasion to consult with Mr. Perkins and others in his office, and I am glad to say that I find a most efficient organization, willing and ready to help the Army in every possible way, and what is more, they are prepared to render, and are actually rendering aid along important lines where for one reason or another the Army is unable to help. Formerly I saw much that I felt compelled to criticize and did criticize. Now I want still more publicly and emphatically to praise....”

Paris, February 8.

"Well, here I am again in gay Paris, and it is just as noisy and dirty, and just as uninteresting and wicked as ever, notwithstanding the bombing that it got a few days before I came. No, after this War is over, and I get back to my family, it will be many a day before I shall want to leave. Jack and I both agreed upon this. The air raid did not do a great deal of damage the other night. We went to see some of its results, but there was not much to see, as the bombs did not seem to be very effective in the way of destruction. Still all these things have some effect, and everyone thinks this is just the beginning of many more raids, and so they are beginning to make preparations for them. Many of the noted buildings and structures are being protected by concrete and sand-bag barricades around them. The people themselves seem curiously indifferent to the question of air raids, and some rather fatalistic about them. If your time has come, why worry? If it hasn't, why worry? I guess that is a good way to look at it.

"I wrote you that I was coming here to a surgical meeting. We had a very interesting meeting, and a very nice time. It was a joint meeting of all the members of the American Surgical Association and the Clinical Surgical Society now serving in the A. E. F. in France. There were a lot of your friends and mine present. We had a two-day meeting. General Bradley, the ranking medical officer over here, as President presided at the professional sessions, and your husband as Vice-president acted as toastmaster at the dinner, which everyone pronounced a very pleasant occasion. We had as guests Professor Tuffier of Paris and Professor Depage of Belgium. They made good speeches, responding for their respective countries, and General Bradley for the U. S. A. Strange to say, the toastmaster did not take advantage of his opportunity and talk all the time, but said very little and did not 'ur-ur-ur' and 'ah-ah-ah' or repeat himself, as his wife accuses him of doing! He really did not; so you see he is improving, so look out when he gets home to find instead of just an ordinary everyday doctor a really polished continentalized army officer!"

Base Hospital Eighteen, February 11.

"I was interrupted just here by the arrival of some visitors, so did not get this letter finished in Paris. I got back from there via the General Headquarters, where I had some business to transact with

my 'Chief' last Saturday. I have to go back again on Thursday of this week to attend a meeting of the Research Committee of the Red Cross. It is a nuisance to have to run back and forth so much, but my duties require it, as I have to keep track of so many things. After our organization is going well, Peck, Fisher and Jack can help me a lot and relieve me of a lot of traveling around, as indeed they are already doing. But at first I must go myself and see a lot of people and have personal interviews with them to get everything straightened out and started right.

"Pretty soon Young, Goldthwaite and I will be starting out on a tour of inspection of all the Base Hospitals, indeed of all the hospitals between here and the coast. We have got to see personally all the plants and the personnel, and get some sort of an idea of the kind of work that they can do best, so that we shall know where to send our cases and how to group our various special hospitals. You can assure your friends, and the anxious mothers and families, that their boys are being well taken care of, medically and surgically, and it will not be long before we shall be able to give them just as good care in every way as they could get in any of the well-regulated hospitals at home. Indeed that is true now of many of the Base Hospitals over here. Number Eighteen for all practical purposes is just as well fixed as the Johns Hopkins Hospital. The advanced hospitals are, of course, not so well equipped as the Base Hospitals. But we are fast whipping them into shape, and it will not be long before everything is satisfactory, I am sure. I do get a bit discouraged now and then when we come up with some particular situation that in civil life one could straighten out in five minutes. But this is war.

"I spent today up in our Front Line Hospitals and had a most interesting day. It was perfectly gorgeous, bright and sunshiny and like an April day instead of February. We have been having wonderful weather for the last three weeks, making up for the fall and early winter. Everyone here thinks that winter is over; there may be some few cold days in March, but no more very cold weather like we had at Christmas time. I sure do hope that it is, for I have had all the winter and cold that I want, but I'm not quite so sanguine as some that it is all over.

"As it was so bright and clear today, there were lots of airplanes up scouting around. We saw a couple of air fights, one Boche being chased by six of our planes, and being all the time fired at by the anti-aircraft guns. It was interesting to see the bombs bursting all

around him up in the air. We were just too late to see another Boche plane brought down near where we were. One was brought down in flames just before we arrived this morning. It is curious, but I have lost most of my pity for them; I have come to look upon the Boches as just so many mad dogs, only worse, because they are capable of doing so much more harm. I have seen so much and heard so much of their devilish cruelty and wanton destruction of life and property that I have come to feel that the sooner their power is completely destroyed, the better for the world and its peoples. This may be an unchristian viewpoint, but I can conceive of no greater calamity that could befall the world than the triumph of the German arms, and the forcing upon it of the standards of morality and justice of their ruling classes. God forbid that such a thing as that could ever happen...."

The defeat of the Germans was even more imminent than we had realized, and on November 11, 1918, the Armistice was signed, and peace restored, though for how short a time the present upheaval in Europe makes only too evident. With the cessation of fighting, we found time to look about us and to realize how vast had been our sacrifices. No man could face without horror the toll of death and destruction which those four years of war had taken.

The expression "the fortunes of war" is well chosen, for one never knows what is going to happen next, or when it may happen. After a time one becomes more or less calloused or philosophical, as the case may be, with regard to himself; not so with those who are near and dear. There is always a feeling of anxiety and uncertainty with regard to them, which at times is very disquieting.

It was a great comfort to me during the War to be able to keep in touch with my two sons who were in France, and a great relief when the Armistice came and found both of them unharmed. The one who was in his second year of medical school had been returned home to complete his medical course, as the authorities thought that he would be of more service, after having obtained his M.D. degree, as a medical officer in the Army than as a hospital assistant, the capacity in which he had first served. As the other, when he had first gone over to France, had been too young to qualify for a commission, he had acted as a member of the French Ambulance Corps, where he had seen much active service. When he was old enough, he had been transferred back to the American Army and had spent

a short time at our Headquarters at Base Hospital Eighteen. He had then entered the French Artillery School at Saumur, had taken the full course there, had been graduated and had received his commission as First Lieutenant of Light Artillery. Much to his disgust, he had then been appointed Instructor in the School because of his school record, and had served there for some time in that capacity. Finally he had obtained his transfer to active service in a battery of French Seventy-five's, and had just arrived again at the Front when, to his annoyance and our satisfaction, the Armistice came and the War was over. My third son, who had been too young to qualify earlier, had just received his commission as Lieutenant, and was in Hoboken with his Company on his way to France when, also to his disgust, the Armistice came and he got no further.

I have often wondered which member of our family felt the War most deeply, we men folks, who were actually in the service, or Mother, who had to stay at home and who gave of herself so devotedly for the benefit of those of us who were actively engaged. I am inclined to think that we men had all the better of it. We had the novelty and the excitement and the feeling of rendering much-needed aid to the wounded in person, while those at home had the hard work without experiencing the thrills that went with our especial duties.

Christmas of 1918 was quite an event in the hospitals in France. The War was over, the Armistice was on, and everybody was anxious to get home. As some, for one reason or another, were left behind, special efforts were made to make the Christmas in the hospitals a gala occasion. The doctors, the nurses, the ambulant patients, the members of the Red Cross and the social workers all took a hand in decorating the hospitals and in doing all in their power to make the occasion memorable.

At one hospital among the ladies who were assisting in the decorating was a Mrs. Vanderbilt of New York. She had enlisted the services of several of the "doughboys" who were able to be up and about. They had spent the morning in putting up Christmas trees and hanging decorations. When they had finished, she said, "Here we have been working together all morning, and I want to thank you for all that you have done, but I don't even know the name of any one of you." Turning to one of them, she asked, "Now what is your name?"

"I'm Bill Jones of Oklahoma."

"And you?"

"Sam Smith of Iowa."

"And you?"

"Tommy Robinson of Ohio."

She continued around the group. When she had finished getting their names, one of them spoke up and said, "And we don't know your name, either, Miss."

"Why," she said, "of course you don't. I never thought of that. Well, I'm Mrs. Vanderbilt of New York."

With that the doughboy broke out into an incredulous laugh and said, "That's all right, Chickie, fly high, fly high!"

Everybody laughed, and she joined in heartily with the rest.

The staff of Base Hospital Eighteen, as many of them as were left at Headquarters, held a dinner to celebrate the Armistice along with everybody else. In the room where we had our dinner there was a sort of gallery from which a door opened into the adjoining room. In the midst of the dinner, for some unexplained reason the cook, a middle-aged French woman, appeared in the gallery. Billy Thayer caught sight of her and at once jumped to his feet, and lifting his glass of champagne he proposed a toast to her and proceeded in his very best French, of which he was a master and very proud, to make a speech thanking her for the excellent dinner she had prepared. She was overcome with embarrassment, and stood there fumbling with her apron until Billy had finished. Then amid great applause she retired. Later in the evening she asked one of the staff what it was that the gentleman had been talking about, as the only thing that she had understood was something about a railroad train in Russia. The rest of us enjoyed Billy's discomfiture at this reception of his faultless French.

One of the most striking incidents of my War experiences I shall remember as long as I live. As a matter of fact it happened after the War was over. With General Noble of the Army Medical Department, I was designated by Surgeon-General Ireland to represent the United States Army at the funeral services of General Gorgas held in St. Paul's Church in London. Shortly before, I had been sent by General Ireland to London to represent the Medical Department of the United States Army at a conference called to make final settlement with regard to certain Allied medical matters left over from the War. While there, I received General Ireland's cabled order to attend General Gorgas's funeral services.

General Gorgas, while on a trip to South America in connection

with the control of yellow fever and malaria, had been taken ill en route and had died in London. The English, knowing well General Gorgas's epoch-making work in connection with the control of these diseases, and all that he had done to make possible the building of the Panama Canal, turned out en masse. General Noble and I walked behind the bier in the funeral procession for a long distance through the streets of London, which were crowded with the thousands who had come to do honor to General Gorgas. It was an inspiring sight. There must have been well on to a hundred French horns in the procession, all playing Chopin's famous funeral march, and the effect in old St. Paul's, which was packed to the doors, was tremendous. Representatives from the King of England and from medical organizations all over the world were present. It was one of the most impressive and moving occasions that I have ever witnessed. Although I am not very musically inclined, I fancy even yet at times that I can catch the echo of the refrain of the Chopin march as so magnificently played by those wonderful French horns.

But now all of these experiences have sunk into the mist of the past, and we look back upon them with the perspective given by twenty-two intervening years. Says Dr. Harvey Stone in his article entitled "Base Hospital Eighteen Twenty Years After": "The passage of time may harden men's arteries, but it certainly softens their feelings and mellows their memories. That is the outstanding impression on comparing one's present reaction to our experiences in France, with the state of our minds at the end of the War. Now, the many trying experiences and vexatious details have lost their importance, and the good fellowship, the worthy effort and the fine esprit-de-corps stand out as the characteristics of that eventful period."

As we live over in retrospect the experiences that were ours during the fateful months that we spent in France, it is curious how our point of view does change. The things that at that time looked so forbidding, the petty annoyances due to conflicting personalities, the endless physical discomforts, the long hours of hard work alternating with periods of enforced idleness, now seem curiously to have lost their effect, and we wonder why we were so wrought up at the time over things so trivial. But it must not be forgotten that the mental and physical strain under which we constantly lived must finally affect even the steadiest nerves.

Now, only a comparatively few years later, we are again facing the horrors of war. All the loss of life, suffering and destruction of

property that took place in the World War was of little or no avail. It is extraordinary how the people of certain nations will allow themselves to be kicked and cuffed around by their rulers and appear to like it; how they seem to prefer war and all its attendant horrors to living peaceably with their neighbors. It is a commentary on our much-vaunted civilization that in this day and generation practically the whole world is turned into an armed camp, and each nation is busily preparing to make war upon the other. Let us all devoutly hope and pray that the right may ultimately prevail, and that a just and lasting peace may speedily emerge from the present state of chaos without the necessity of our beloved country being again drawn into the struggle. But rather than see the Germans win this War, which would mean the triumph of paganism over Christianity, of totalitarianism over democracy, in fact the destruction of everything that we as a Christian nation hold dear, I should myself willingly volunteer to do everything in my power to prevent it, even to enlisting in the Army for foreign service, as in the first World War. But alas! I fear that my age might bar me. However, if the need should arise, I do not despair of being able to find some effective way in which to do my bit in bringing about the triumph of right over might, of Christianity and democracy over Hitler and Mussolini and Stalin, and all that they and their piratical crews stand for.

XI. A BUSY LIFE

UPON MY return from France in the early spring of 1919, I went back to the duties I had left two years before. It took some time to pick up my work again, as meanwhile many of my patients had become scattered, but it was not long before I found myself increasingly busy, and my private practice growing rapidly. After a while, however, I was able to take time off for Mrs. Finney and myself, and our daughter and a friend of hers to make a visit to Hawaii in order to try to forget the War and everything pertaining to it. This was altogether one of the most interesting trips that I have ever taken.

When we arrived in Honolulu after a pleasant voyage, we learned that the then Commanding Officer of the American forces in Hawaii had been a patient of mine in France during the War. General Ireland, the Surgeon-General of the Army, had, unknown to me, tipped off the General to our projected visit. We were therefore welcomed with open arms and a profusion of the usual Hawaiian decorations of leis; had placed at our disposal an Army automobile; and a splendid military dinner was given in our honor by the Commanding General. All of these attentions added much to the enjoyment of our visit.

While in Honolulu I visited the admitting hospital for lepers. Being a stranger in the city, I went to the hospital, which is under the control of the American Public Health Service, and inquired for the Physician-in-Charge. I was ushered into his office, and when he rose to greet me, he exclaimed, "Why, Dr. Finney, so glad to see you! Where did you come from?" I then recognized him as a boy whom I had known years before in McDonogh School, of which I am one of the Trustees, near Baltimore. This fortunate circumstance at once gave me the entrée to the hospital, and I spent an interesting day with him, going through the wards and examining the lepers,

most of whom, since this was an admitting hospital, were in the earlier and most interesting stages of the disease. I was told that many of the patients brought into the hospital had not seen a doctor at all, but were picked up on the street by policemen who had been taught to recognize the disease. Advanced cases and those that did not respond to treatment were sent to the hospital for chronic cases on the Island of Molokai.

Of course, as everyone knows, surf bathing is one of the features of Hawaii. The natives were the most extraordinary swimmers that I have ever seen, perfectly at home in or under the water. So often after the first visit to a place, one feels perfectly satisfied and doesn't care to go again. Not so with Hawaii. I am ready to go back there whenever the opportunity offers, and the sooner, the better I should like it.

Particularly is this true of the Island of Kauai, which I have looked back upon as the most beautiful place I have ever visited. The profusion of colors in sea, land and vegetation, the marine and mountain views, the diversity of the landscape, all go to make a picture that one can never forget. On the island is one of the most interesting natural phenomena I have ever witnessed. The mountain of Waialeale situated there is one of the rainiest spots in the world. I was told that on an average more than two inches of rain falls every day in the year. We visited at the beautiful country villa of our friends, the Misses Wilcox. The villa was surrounded by a profusion of gorgeous flowers of all hues. We could sit on the porch and watch the clouds begin to gather around the top of the mountain about ten miles distant. Early in the morning it would be quite clear over the mountain top, but along about seven o'clock the clouds would begin to appear, growing thicker and thicker and blacker and blacker, until with a glass one could see the water from the rain pouring down the gullies in the side of the mountain. This water is collected at the foot of the mountain into irrigation ditches, and by this means directed all over the island, making it possible to raise in great quantities the pineapples and sugarcane which are the principal products of the island.

Another friend and former patient of mine, Dr. Jay Kuhns, lived on this island. We divided our visit between these two most hospitable homes, and many pleasant hours we spent in each of them. They kindly drove us around and showed us the wonderful sights on this paradise of an island. Finally, however, the time came for us

to return, so very regretfully we bade farewell to our good friends and the beautiful islands, and returned to Baltimore.

For some time before his death Dr. Halsted had not been very active, the bulk of the teaching and the surgical work being done by the members of the Resident Surgical Staff. Dr. Halsted's death occurred in 1922. It left a great void in the Surgical Department of the Johns Hopkins Medical School and Hospital. He had occupied a foremost position in surgical practice and teaching, not only in the Hopkins, but in the surgical world at large. When, therefore, the question of the appointment of his successor came up, and the Professorship of Surgery at the Hopkins was kindly offered to me by the Board of Trustees, although I was naturally greatly complimented, I could not but feel that before deciding so important a matter, careful thought was necessary. My personal feeling toward Dr. Halsted and my great respect for him were such that to have been his successor in the Chair of Surgery at Hopkins would have meant much. On the other hand it seemed to my better judgment that Dr. Halsted's successor should be a younger man. Then too it is well every now and then in every organization, no matter what, to infuse new blood.

Consequently, after very careful consideration, I became convinced that since I had already served under Dr. Halsted for thirty-three years, it would be better to have a younger man in the Chair of Surgery. I therefore thanked the Trustees for the honor done me and the confidence shown in me, but told them frankly that I did not feel, all things considered, that I should accept, but that in order to avoid undue haste in the selection, I should in the interim be glad to act, if they wished me to, until Dr. Halsted's successor had been appointed. I therefore acted as Professor of Surgery for about three years, until Dr. Dean Lewis had been chosen and installed.

There was another question of real importance that influenced my decision; namely, the question of the so-called "full time" as applied to the Clinical Chairs in the Medical School. This idea had been first advocated by Dr. Lewellys Barker some years earlier, but curiously enough, when later the Chair of Medicine in the Hopkins University was offered to him upon these terms, he declined it. With the general proposition that the head of a department should devote as much of his time and attention as is necessary to do the work of his department in a manner satisfactory to all concerned, everyone will be in entire accord. Furthermore, if the head of a department

is the proper man for the position, he will do this of his own free will, without the necessity for any rules or regulations to compel him so to do. On the other hand, if he is not the proper man for the chair, no amount of rules or regulations laid down by the trustees will make him so. In other words, it all depends on the man. Personally, I have always been opposed in principle to the idea of hedging the head of a department about with any special rules. He should be left an entirely free agent to run his department as he thinks best, subject, of course, to the fundamental laws that apply to all human relations. If he doesn't behave himself or make good, he should be asked to resign and somebody else appointed in his place, even at the risk of rousing the ghost of "Academic Freedom."

In addition to the matter of the amount of time that a professor of surgery should devote to his work, teaching, operating, research, etc., there are still other questions of importance. I have elsewhere called attention to the fact that there is another and very important side to the practice of medicine and surgery beside the strictly scientific one, important as that undoubtedly is. The tendency of this scientific age seems to be more and more to disregard the personal relationship existing between the true doctor and his patient. Every doctor worthy of the name knows that not infrequently this relationship is one of the most important features of the entire practice of medicine. It is something that can not be learned from lectures, textbooks or in the laboratory. A doctor must have actual personal contact with the patient in both home and hospital. This is particularly essential in the case of the clinical teacher in order that, drawing from his own personal experience, he may bring to the attention of the student the prime importance of this phase of medicine. I know that there is a tendency on the part of some uninitiated persons to raise their eyebrows and shrug their shoulders when this question of the personal relationship between the doctor and his patient is mentioned. The laboratory man or the non-clinical instructor can not be expected to appreciate the importance of what I am talking about, because he has never been in a position to know first hand just how essential to the satisfactory practice of medicine or surgery it really is.

Then there is still another matter, which has nothing to do with the scientific aspect of the question. It is purely economic, but nevertheless a matter of such importance as not to be lightly disregarded. That everyone is entitled to a full return for labor expended is, as I understand it, a fundamental law of economics as well as of a democ-

racy. However, when the trustees of an institution for which one is working presume to fix a limit to the amount that an individual may earn from his labors, he has ample reason for objection. In other words, when from the fruit of his labors a man is capable of making in an entirely legitimate manner an income of, say, twenty thousand dollars, to have his employers arbitrarily limit that amount to, say, ten thousand dollars, and appropriate the balance of his earnings, derived from his own private hospital patients, for their own purposes, the question of injustice may well be raised. Some more equitable division of the pecuniary returns would appear to be indicated. Of course, these questions obviously do not arise in the case of the non-clinical or so-called laboratory departments. But in the case of the clinical departments they must of necessity, as long as human nature is as it is, constitute a bone of contention, create a certain amount of resentment, and at the same time play an important role in reducing the number of available surgeons willing or financially able to be considered for full-time clinical positions.

The problem will be still further complicated if the incumbent of the clinical chair happens to have a family to educate. Under such circumstances he must consider whether or not he is playing fair with his children in agreeing to accept the reduced salary when he is perfectly capable of earning a larger income. "A very low plane, dollars and cents," someone may say, "as a basis for an argument." Perhaps, but the first duty of the father of a family, as every true father knows, is to exert every effort to provide adequate means to raise his children under satisfactory conditions and to educate them properly, all of which requires the outlay of a considerable sum of money, unless, as the present-day trend of events would seem to portend, we are willing to turn our individual responsibilities over to the State.

A more equitable and productive arrangement might be to place two or three of the more promising members of the Resident Staff on a living salary, and have them devote their full time and attention to teaching and research under the supervision of the Professor of Surgery. He, in turn, would be paid a nominal salary and be allowed to have an office in the hospital where he could see and treat private patients, and so make up his salary. The amount of money thus released would be devoted to paying the salaries of the full-time young members of the staff and to furnishing scholarships for promising poor medical students.

During these years following the War, my responsibilities in vari-

ous public activities were all the time increasing, and for many years now I have been active in numerous fields. I have always had the conviction that there rests upon every good citizen the obligation to do his full share in the discharge of the manifold duties that form an integral part of the entire social fabric. Although I have never been a candidate for an elective office, I have always been greatly interested in political affairs. By birth and associations I have inclined rather to the traditional Democratic than to the Republican principles, but I have usually found myself occupying an independent position and have habitually voted for the man or the principle rather than the party. Certainly in the present messed-up state of national affairs, the party designation means very little. How one votes nowadays is frequently determined in a negative rather than in a positive way; that is, what foolish person or idea one is going to vote *against* rather than what principle one is going to vote *for*—an unfortunate state of affairs. Whatever positions of public trust I have held have always been appointive, either by the Governor or Mayor, and non-political in character.

Along with this life-long interest in politics, I have always been interested in educational matters, both general and special. I don't set myself up as an expert, but simply as one greatly, and I trust intelligently, interested in the best methods of stimulating in youth the desire for knowledge. The list of educational institutions of one sort or another with which I have been connected from time to time is a long one, ranging from membership on the Baltimore City School Board to membership on the Board of Trustees of Princeton University.

My connection with the Baltimore City School Board had a rather sudden termination. Mayor Mahool, toward the end of his administration, appointed three new members to the School Board to succeed those whose terms had expired. Judge Eli Frank, Dr. J. M. H. Rowland, and myself were appointed at the same time. The Superintendent of City Schools was then Mr. Van Sickel, a very good man who had been brought to Baltimore from the outside. He was trying hard to eliminate politics from the school system, and as a result great pressure was brought by the politicians to remove him. The School Board was divided. The majority were in entire accord with Mr. Van Sickel and gave him their hearty support.

In the meantime Mayor Mahool had gone out of office and had been succeeded by Mayor Preston, who was more politically in-

clined than his predecessor had been. In response to this political pressure the new Mayor made it known to the Board that he wished them to remove Superintendent Van Sickel. This the Board declined to do, as they could find no excuse for it save politics. It happened that the City Charter granted the Mayor the right to remove, without charges or explanation, members of the Board whose appointment had been made less than six months previously. This rule applied to Judge Frank, Dr. Rowland, and myself.

One day I received a request from Mayor Preston to come down to his office in the City Hall. It happened that the Mayor and I had been boys together, although he was several years older than I, and had gone to school together in Bel Air; so I knew him quite well. When I reached his office, he said to me without any preliminaries, "John, I have sent for you to tell you that I want to get rid of Superintendent Van Sickel, and I want you and the School Board to back me up in my attempt to remove him." I asked him to repeat his request and to state his reasons for removing Mr. Van Sickel in order that there should be no misunderstanding about it. He answered, "I want the School Board to fire Van Sickel. That is all that is necessary."

I replied, "Well, Harry, since you have been so frank with me, I shall be just as frank with you. So far as I am concerned, I won't do it."

"You won't?"

"No, and I think I am speaking for the Board as well, at least for a majority of them. We can not see our way clear to comply with such a request and will not do so."

"Then," he replied, "I'll fire you three men recently appointed by Mahool."

"All right, Harry," said I, "that is up to you. But let me tell you one thing before you do it; you have political aspirations with regard to the Governorship, I know, and if you fire us from the School Board, you are a dead duck politically from now on. There are certain things that the people won't stand for, and firing reputable members from the School Board for political reasons alone is one of them."

He fired us all right, and after our successors had been appointed, the politicians had their way and Mr. Van Sickel was ousted. But subsequent events proved pretty conclusively that I was an even better political prophet than I knew. The Mayor was quoted as having

said in explanation of his firing us that he didn't want men "of the John Finney type" on the School Board. The local newspapers took the matter up and criticized the Mayor unmercifully with editorials and cartoons. The Mayor was later a candidate for Governor, but met with no success.

I was subsequently appointed to the State Board of Education by Governor Ritchie, and am still a member of that important Board. Though politics then still played quite a large part in educational affairs, it no longer does so, at least so far as the State Board of Education is concerned. This improved state of things is largely because of the high class of appointees to the Board by succeeding Governors and the excellent work of Mr. Albert Cook, the State Superintendent of Education. I could not tell the political affiliation of a single member of the School Board from anything that is said or done at the meetings. The work of the State School System is, if I am any judge, very creditable. We have to thank Mr. Cook and his excellent corps of assistants for what they have done to bring Maryland up to her present high position in education among the states of the Union. Lack of space will not allow further mention of the parts played by the individual members of the State Board, Mr. Cook, the able Secretary, and his efficient staff.

My connection with the Board of Trustees of Princeton University had begun some years earlier, and the circumstances are perhaps interesting. Many who are familiar with Princeton affairs will recall that Woodrow Wilson, while President of the University, came into sharp conflict with certain members of the Faculty and the Board of Trustees. The chief bones of contention apparently were the so-called "Quad System" and the proposed Graduate School, but certain other matters in connection with the management of the affairs of the University gave rise to wide differences of opinion in the Board. This unfortunate division lasted for a number of years and caused bitter feeling on both sides of the controversy. Fortunately all traces of this division have now vanished.

I have been asked many times just what were the real facts of the situation. It is difficult to say what it was all about, and opinions as to its cause and the reason for its lasting as long as it did will probably differ greatly. As nearly as I can make out from what I have read and heard and from what I know from personal observation during its course (I did not come on the Board until some time after the controversy had begun), it started with some differences of opin-

ion that arose in the faculty. President Wilson differed sharply with certain faculty members concerning questions of policy in University affairs. He felt that the University was tending too strongly toward the country club idea, rather than the development of an institution of higher learning. The student eating clubs were exercising, he thought, an undue influence on the social life of the University. The "Quad System," imported from Oxford University, was proposed and met with determined opposition in certain quarters.

Then the question of the establishment of a Graduate School was broached. This idea, together with the proper place for its location, gave rise to additional discussion. The Wyman bequest, which became available about this time, insured the foundation of the School, so that question was finally settled, but its location and character still furnished food for acrimonious debate, in which members of the Board of Trustees, as well as the faculty and their wives, took an active part. Thus the whole Princeton family seemed for a time hopelessly divided.

This was the state of affairs when I came on the Board of Trustees in 1910. One day, out of a clear sky, I received notification from the Clerk of the Board of Trustees of Princeton that I had been elected a Life Trustee of the University. I had not the slightest idea up to that moment that my name was under consideration. I did know, however, of the sharp line of division in the Board, and on thinking my election over, I felt that of course one side or the other had chosen me, I didn't know which, and that if I went on the Board in these circumstances, I should of necessity be labeled as a member of that particular faction. I was not willing to go on the Board except as a perfectly free agent. I therefore wrote to the Clerk, thanking the Board of Trustees for the honor done me, but stating that before making up my mind definitely, I should like to ask two questions: First, what had been the custom heretofore in the election of Life Trustees? Had it been by unanimous vote or by divided vote? Second, had I been elected by unanimous vote or by divided vote?

In due course of time I received his reply, which stated that, on looking back over the records of the Board for a good many years, he had found that the general custom had been to elect Life Trustees by an unanimous vote. He regretted to say that my election had been by a divided vote. I at once replied, again thanking the Board through him for the honor which they had done me, but stating that I could not accept. I explained that if I went on the Board, I wanted to go on

as a free agent, not labeled as belonging to one or the other of the two factions. I presumed this would bring an end to the whole matter. However, after a later meeting of the Board, I received notification from the Clerk that I had been elected by an unanimous vote. On the strength of this, I hastened to accept the appointment and have been a member of the Board ever since.

Upon coming on the Board, I found conditions very unsatisfactory. It seemed to me at that time that the cause of the whole matter could be boiled down to a clash of personalities, which is always so prone to develop ill feeling and bitterness. The Board was sharply divided into two factions, the Wilson faction and the West faction. Whatever one side proposed, the other was sure to oppose, often irrespective of the merits of the measure. Personal feeling ran high. Under these conditions the affairs of the University suffered. This unfortunate division continued for some time; indeed, until after Woodrow Wilson had resigned from the presidency to accept the nomination for the Governorship of New Jersey. The Senior Trustee, Mr. James W. Alexander, acted as President thereafter until a President was elected. The deadlock continued, and it appeared almost hopeless to elect a President with anything like a substantial majority of the Trustees, and certainly impossible by a unanimous vote.

Since my coming on the Board, I had been the only independent, unclassified member. About this time John Barr of Louisville was elected an Alumni Trustee and came on the Board, like myself, a free agent. Soon afterward he and I got together, discussed the situation, and came to the conclusion that we held the balance of power between the two opposing factions. The difference numerically between the two was only one vote, and we felt sure that if the worse came to the worst, we could determine the issue, since whichever side we voted with could elect a President at least by majority vote. After talking things over, we agreed upon Dr. John G. Hibben of the faculty as the best man to come into the picture at that time. He was favorably known to everybody, he had no ax to grind, he was judiciously minded and not too self-opinionated to listen to and be influenced by the opinions and advice of others.

Therefore we let it be known to certain other members of the Board that we felt that the foolish deadlock had gone on long enough, and in order to terminate the controversy, we proposed to nominate Dr. Hibben. We were perfectly willing that anybody should nominate him, since the only thing we were interested in was the election of a

good man as President. The result was that after several conferences between members of the Board, it was decided to nominate Dr. Hibben. He was elected, much to the satisfaction and relief, if not of everybody, certainly of those who were not so blinded as to be unable to see the advisability, indeed the necessity, of putting an end to the unfortunate controversy. Time fully demonstrated the wisdom of the selection of Dr. Hibben as President. During his administration of the office the University made great progress in every way, due in no small measure to his kindly personality and the excellent judgment displayed by him in avoiding as far as possible all controversial questions.

To go back a bit! To my great surprise, in the interregnum between the Wilson and Hibben regimes, the presidency of Princeton was offered to me through a delegation which came down to Baltimore for this purpose and to talk matters over. Naturally I asked for time to consider the proposition, since the idea of becoming a university president was entirely new to me, and my past training had been foreign to anything like such an executive position.

As soon as the knowledge of this offer became known among my friends, my troubles began. One friend would insist with the utmost seriousness that it was the opportunity of a lifetime, that I ought by all means to accept, that I possessed qualifications in abundant measure for the position of university president, that I should make the mistake of my life if I didn't accept, and that if I did, I should never regret it, and words and arguments to this effect. On the other hand, other friends would tell me emphatically that I was by training and by natural inclination unfitted for a position of that sort, and that I should make the mistake of my life if I considered for a moment accepting the presidency. I could appreciate fully then the feelings of that person who devoutly wished to be "delivered from his friends." This went on for some little time.

Meanwhile I was trying to make up my mind whether I ought to accept the offer, and whether I really possessed the qualifications to do it justice. Of course, the one was largely dependent upon the other. There was much about the position that appealed to me. I have always liked to work with boys and young men; I think I understand their language and their point of view. Then, too, by tradition and by natural inclination I was very closely bound to Princeton. Presently I began to find myself unable to concentrate upon my work or any-

thing else. I couldn't dismiss the matter from my mind day or night.

Finally I decided to leave home and the solicitations of my friends and, since it was in the ducking season, to go down to a ducking club of which I was a member on the shore of the Chesapeake Bay, and there, undisturbed by anyone, make up my mind once and for all. One day I left home, telling my wife she needn't expect to see me until the matter had been settled. Arriving at the ducking shore, I told the boatman to take me to the outermost shooting blind and leave me there, and not to disturb me until I waved my hat for him to come and get me. After he had gone, I said to myself, "Well, here I am, finally face to face with the most difficult and important decision of my life. If I accept the presidency, it means giving up my surgical work, which has completely occupied my time and attention since graduation from medical school, and accepting an administrative position, which will be a complete change in my mode of living, the closing of one book and the opening of another."

Just at that moment, when I was endeavoring to put everything else out of my mind and concentrate on the decision, an extraordinary thing happened, just one of those curious, foolish things, small in itself, which may serve as the determining factor in making a decision of the greatest importance. I have referred elsewhere to the experience I had at the St. Louis World's Fair when I shared in the Maryland Day Celebration. My fellow member of the Governor's staff, General Frank Hambleton, dressed in the full regalia of the staff, on looking at himself for the first time in a full-length mirror, had remarked, "Isn't that the damndest-looking thing you ever saw?" What suggested this picture, I haven't the slightest idea, as I hadn't thought of it for years, but suddenly it came unbidden into my mind, and once having come, I could not get it out, do what I would. Whenever I tried to think of what being President of Princeton would mean to me, what opportunities for wider influence and greater usefulness, and what new and unfamiliar duties it would entail, here was Frank Hambleton with his foolish remark crowding into the picture. After vainly struggling for several hours to rid my mind of this unbidden guest, I gave it up and decided then and there that if that was the way I was going to look as President of Princeton, "the damndest-looking thing you ever saw," I should stay where I was.

Soon the ducks began to fly. I got my bag limit in a comparatively

short time, called the boatman and went back to the club house with a mind much relieved. I changed my clothes, took my string of ducks and went home that night. Another curious incident, call it woman's intuition or what you like, happened when I reached home. I walked up the front steps of our house, took out my door key, unlocked and opened the door and stepped into the hall. Before I had said a word, my wife, who was in the sitting room just off the front hall, exclaimed, "So we're not going to Princeton!"

Astonished, I said, "How did you know?"

"Why," she said, "I knew it as soon as I heard you come up the steps." I never could get from her any more information as to the basis for her conclusion.

Although there was much about the Princeton offer that appealed to me, still I had become so wedded to my professional work and had experienced so much satisfaction from it throughout all the years in which I had been practicing, that the thought of giving it up was most disturbing to me. Human as I am, I must admit that the idea of having my name added to the long list of illustrious men who have so ably filled the position of President of Princeton University appealed to me very strongly. But I have never for a moment regretted my decision.

The Presidents of Princeton I have known compose a very interesting group, starting off with Dr. James McCosh, to whom I have already referred. The next President, Dr. Francis L. Patton, was noted for his erudition and his extraordinary command of the English language. Following Dr. Patton came Woodrow Wilson. He too was an unusual character and left a deep imprint upon Princeton life in spite of the unfortunate controversy which marked the close of his administration. Then came Dr. John G. Hibben, whom I had known in college. He was just the man to come into the presidency at the time that he did, in order to help heal the breach between the warring factions. Princeton is certainly fortunate in its present President, Dr. Harold Dodds, a worthy successor of the illustrious men who have held the office before him.

I consider it one of my pleasantest duties to serve on the Board of Trustees with so distinguished a group of men from all walks of life. Princeton is fortunate in having its affairs in such good hands. It is impossible to speak in detail of each of these outstanding men and invidious to select any one from among the rest, but since unfortunately he is now dead, I do not hesitate to speak of Mr. Edward D.

Duffield, who during his lifetime exercised a well-merited influence in the councils of the Board. He was one of the sanest men, with an extraordinarily judicious mind, with whom it has been my honor to serve at any time.

As Chairman for many years of the Trustees' Committee on "Health and Athletics," which has the supervision of the physical health of the student body, in conjunction with other members of the Board, especially Dr. Edward B. Hodge and the very efficient Health Officers of the University, Dr. W. H. York and his staff, I have been pleased to have a part in developing in the University a system of physical culture and health regulation. We now have at Princeton, in connection with the McCosh Infirmary, a smoothly running organization for the care of student health which compares favorably, I believe, with that of any other university or college in the country. For the inauguration of this system a good many years ago, and for many valuable suggestions regarding its development in later years, the University is greatly indebted to Dr. J. E. Raycroft, who as a pioneer in this work has made a great contribution to the health of college students throughout the country.

With the Johns Hopkins University I have been associated as a member of the teaching staff from the opening of the Medical School up to my retirement because of the age limit in 1933, having come through the various stages from Assistant in Surgery to the position of Emeritus Professor of Surgery, the title I now hold.

For a number of years I have been Chairman of the Board of Trustees of both the Gilman Country School for Boys and the McDonogh School for Boys, which are active rivals both in educational matters and in athletics. Time was when the rivalry was not so much in evidence as it is now. At present, however, as Chairman of the Board of both these schools, I find that I have to watch my step in order not to show undue partiality to either side.

McDonogh was founded in 1873 as a school for poor boys from funds provided for this purpose by John McDonogh, a native of Baltimore who later moved to New Orleans, where he made his fortune. It is now an outstanding school for boys, and under the present most capable management of Major Louis E. Lamborn and his efficient staff it does excellent work both in education and character building. This school has developed from a purely charitable institution for poor boys to the position where it now accepts pay boys as well, and its educational standards have so developed at the same time that it

compares favorably with other high-grade secondary schools for boys.

The Gilman Country School for Boys occupies the unique position of being the first "Country Day School" for boys established in this country. To Mrs. Francis K. Carey belongs the credit for originating the idea. Ever since its foundation in 1897, Gilman School has stood for the best in the education of boys. This is as it should be, because it is named after Daniel C. Gilman, the distinguished first President of Johns Hopkins, who was one of its founders. Its graduates have stood well in the colleges and universities they later attended. Under the capable leadership of Mr. E. Boyd Morrow and a fine faculty, it is carrying on its splendid traditions.

Both of these schools have contributed their full share of credit to Baltimore as an educational center, and many of their graduates now occupy positions of influence in business and professional life.

For some years I was a member and Chairman of the Board of Trustees of Lincoln University, Oxford, Pennsylvania, a college and theological institute for Negro youth. It happened that this institution was founded by a relative of mine many years ago. I have always been one of those who have strongly advocated proper education for the Negro. The work of Lincoln University, I think, is ample demonstration of the value of this idea. It has done much to elevate the standards of education and living among members of the Negro race.

Having been born in Mississippi, and having had an old colored mammy to take care of me in my early childhood, I have always been interested in the welfare of the race, feeling that I owe them a debt of gratitude for what she did for me when I was sorely in need of help. My relations with the Negro members of the medical profession have always been good. Baltimore is fortunate in having among its citizens a number of well-trained Negro physicians and surgeons.

Racial idiosyncrasies have always interested me greatly. Negro stories have a peculiar fascination because of the quaint philosophy which frequently characterizes them. One of the peculiarities of the race is that they are naturally suspicious of a stranger, and one is not able to get on a frank basis with them until this suspicion has been allayed. On the other hand, once one has gained their confidence, they are trustful to a degree. When a colored person doesn't want to know something, whether he knows it or not, as they express it, he "jes' don' know nuthin' at all," nor does the matter of strict truthfulness enter into the question until confidence has been restored. Among other characteristics is their fondness for big words. These

may not always be quite apropos of the subject matter, but they at least are effective. I once received the following note from a colored doctor, brought to me by a patient whom he wanted me to examine: "Respected Sir, I ask you most complacently to contemplate this lady's back and give her your best advice. I diagnosis the same as periostitis. Oblige yours, Doctor ——. P. S., she is unfiancial and need hospital care."

Personally I have always been very fond of the colored people I have known. There is no one more faithful and dependable than a good old-fashioned colored servant, man or woman. Unfortunately, as the old folks die off, there doesn't seem to be a very satisfactory group coming on to take their places. I fancy it is the result of education, or lack of it, in this modern age. Mrs. Finney and I have been very fortunate. We have had with us for forty years or more a cook, a maid and a butler, all of the same family. They have been simply invaluable to us, faithful, reliable, and competent in every way. They have been members of our family for so long that I can not imagine what we should do without them. The same is true of my colored chauffeur, who, while he hasn't been with us quite so long as the others, is equally trustworthy. I don't know just what I might do in certain circumstances, but I feel perfectly sure of what any one of this group would do when exposed to those same conditions.

Nothing has pleased me more than my connection with the Provident Hospital, to watch its growth and development and to note the beneficial and far-reaching effect it has had not only upon both the health and well-being of the colored population of Baltimore, but also the influence for good it has exerted on the relations between the two races. It has also been a good thing for the colored profession in Baltimore, having provided them a needed opportunity to place their patients in a well-appointed hospital, where they can observe and treat them according to well-established principles. Thus has been developed a group of Negro physicians, surgeons and nurses who are doing excellent work; furthermore, the Provident Hospital is now under the control of a Board of Trustees made up of outstanding representatives of the Negro race in Baltimore. A very capable woman, a member of the same race, is the Superintendent and Head Nurse. The young doctors on the House Staff and the young women in the Training School receive excellent training. There is a Board composed of outstanding white professional and business men

with whom the Hospital management can consult at any time they may desire. The utmost good feeling and co-operation have existed in the Hospital affairs from the beginning.

Among the many extra professional activities which from time to time have engaged my attention, and incidentally have taken a good deal of my time and thought, has been church work. Born a son of the manse as I was, my grandfather, father and brother all being ministers of the Presbyterian Church, I was naturally interested and always willing to do my share of the work when called upon. For many years I have served as a member of the Board of Elders of the Brown Memorial Presbyterian Church in Baltimore. This church has had a remarkable history. It has had among its pastorate such outstanding figures as Sparhawk Jones, later of Philadelphia; Maltbie D. Babcock, later of New York, one of the best known and most loved ministers of the Presbyterian Church; John Timothy Stone, now President Emeritus of McCormick Theological Seminary of Chicago; J. Ross Stevenson, recently deceased, President for many years of Princeton Theological Seminary; John McDowell, prominent in the Home Mission work of the church; and the present Pastor T. Guthrie Speers, a worthy successor of the illustrious men who have preceded him in the pastorate. I can not forbear adding a word of appreciation of the great privilege that has been mine during all these years to know one after another and to work with these splendid men. They have all been such outstanding characters, each in his own way, that all have left their impress not only upon the church they have served so well, but also upon the entire community. Through them and what they have stood for, Brown Memorial Church has made a great contribution to the higher life of the city and state. "Their good works do follow them."

This association with local church affairs naturally led in course of time to active participation in the work of the national church organization. I was called upon to serve for one year as Vice Moderator of the General Assembly, the governing body of the Presbyterian Church in the United States. The Moderator at that time, whom it had been my great pleasure to nominate for the office, was my warm personal friend and old college mate, Rev. Charles R. Erdman, LL. D., then an honored member of the faculty of the Princeton Theological Seminary.

We were elected just at the height of the so-called "Fundamentalist Controversy," which plagued the Presbyterian Church for a num-

ber of years and did great harm to the progress of Christianity throughout the church at large. This controversy really began elsewhere and some years before 1925, the year when Dr. Erdman and I were respectively Moderator and Vice Moderator of the General Assembly. But it centered largely about Princeton Theological Seminary, of which I happened to be then, as now, a Trustee. Although in some quarters it was claimed that the trouble was a doctrinal issue, it was, so far as my observation went, nothing of the kind. Naturally in a controversy such as this, doctrinal questions must eventually become involved; nevertheless, in this particular instance it had its origin rather in a clash of personalities and in differences of opinion as to the administration of the affairs of the Seminary.

The agitation centered about Dr. Gresham Machen, who was at that time a member of the faculty of the Seminary. He and his followers differed sharply with Dr. Stevenson, the President of the Seminary, and his followers, of whom I was one, with regard to the administration of the Seminary's affairs. The whole unfortunate controversy is too involved to go into here, and the less said about it the better. The matter dragged along for several years until a committee, of which I was a member, was appointed "to make a sympathetic study of conditions affecting the welfare of Princeton Seminary, and to co-operate with Seminary leaders in striving to adjust and harmonize differences." After several meetings, this committee reported to the next Assembly, made certain recommendations with regard to reorganization of the Seminary and "deplored the divisions and hostilities whereby the good name of Princeton is being injured." Finally, after the retirement from the Seminary of the dissenting members of the faculty, peace came at last.

Now the whole unfortunate matter has been largely forgotten, and the affairs of the Seminary under the present able leadership of President John A. Mackay were never in better condition. It is an extraordinary commentary upon human nature that it so frequently allows its passions and emotions to run away with its better judgment.

Another of my activities has been my association with the Red Cross. In addition to my War experience with this organization, I have also had, as Chairman of the Baltimore Chapter of the National Red Cross, ample opportunity to observe its peace-time activities. The good impression which it made upon me during the War has been more than confirmed by my subsequent experiences.

Everyone knows in a general way about the Red Cross and the splendid work it is constantly doing the world over. In the mind of the average individual it is chiefly associated with a catastrophe of one sort or another: war, pestilence, famine, fire, flood or hurricane. One must see it in actual operation, however, in peace as well as in war, in order really to appreciate what a power for good it is capable of exerting, and does exert, whenever the occasion arises. One has but to read the various publications issued from time to time from the National Headquarters of the American Red Cross in Washington to inform oneself of the wide scope of its activities and the tremendous amount of work it accomplishes. Better still, every public-spirited, socially minded individual man or woman should have a personal share in the good work, either by becoming an active member of the organization, by paying dues or by joining the local branch and doing his or her bit in whichever of its manifold activities best suits the individual's ability or taste.

To one interested, as I have always been, in public affairs, there is never any lack of activities of one sort or another to engage one's attention. Unfortunately, however, it often happens that in spite of a great deal of time and labor expended, little is accomplished. As an illustration, one public activity which several years ago took a good deal of my time and attention was serving as a member of the so-called "Vice Commission," appointed by Governor Goldsborough of Maryland, with Dr. George Walker as Chairman, than whom no better man could have been found. It was a Commission composed of a group of public-spirited men and women. The reason for the appointment of the Commission was the fact that frequent complaints had been made that the city of Baltimore had become "wide open." The result of our investigations, thoroughly made and extending over a long period of time, pretty well established the fact that conditions throughout the city were bad. After careful study, our voluminous report was prepared and submitted to the Governor; but, as so often happens with commission reports, particularly when, as in the case of our report, they deal with unpleasant, though well-established, facts and give names, dates and places, it never was published and very little came of it. Unfortunately, under our democratic form of government politics and vice conditions invariably go hand in hand, and reforms are difficult of accomplishment.

During these last few years I have begun to realize the rewards that come from a long life spent in earnest endeavor in a field where

the sole aim is to benefit mankind. I have found many joys of a kind that one does not experience when one is younger. There are compensations to be found in almost everything. President Lincoln once found some compensation in having the smallpox. I find various compensations even in growing older. As Robert Browning wrote:

*Grow old along with me!
The best is yet to be,
The last of life, for which the first was made.
Our times are in His hand
Who saith "A whole I planned,
Youth shows but half; trust God: see all nor be afraid!"*

One very great reward that comes with advancing years is the recognition from many sources of one's achievements, real or fancied, in one's chosen field of endeavor. This gratification has many aspects; one of them, one that means more to me than words can express, is found in the letters and messages from old students who have worked with me in years past. To have a man say to me, as a former student did just the other day when he called me over the telephone between trains while passing through Baltimore, that he wished to thank me again for what I had taught him, not only in a professional way, but also in helping him to develop a philosophy of life which has stood him in good stead in later years, makes one feel that life is well worth living. As a teacher, too, it is good to feel that one has given the students a vision of the possibilities that are afforded in doing well something worth while for the patient's benefit, both in a scientific and in a personal way.

I have never laid claim to any great originality nor to any epoch-making contributions to surgical knowledge or procedure. I am constrained to say, however, that a few practical suggestions of mine have been proven by the experience of other surgeons to be well worth while. I refer elsewhere to the operating trunk devised by me for use in the days when operating in the home was the rule. Certain surgical instruments, especially the block tin probe, for use in working around corners, have proved of value. Certain operative procedures that I have suggested have also met with general approval. But the contribution which I have made to surgical technique which strikes me as the most outstanding, is the plastic operation on the pylorus suggested by me a number of years ago, and known as "pyloroplasty." In speaking of this operation on one occasion at a meeting of the

American Surgical Association, Dr. W. J. Mayo referred to it as introducing a new principle in surgery. Certain it is that in selected cases, it is very useful in obviating a much more serious and mutilating operation. The same principle is applicable also to other structures, for instance the kidney pelvis and ureter.

A recognition that warms the heart is that which comes from one's professional colleagues and contemporaries. I have experienced the great happiness of such an ovation on two occasions. One curious instance occurred rather early in my career. That few people get their deserts in full measure for what they accomplish in this world is generally recognized, but it is quite exceptional for anyone to be the recipient of distinguished honors for things he *didn't* do. Such an honor came to me from my many friends among my patients and professional brethren in the form of a "Testimonial Dinner," given to me by them because of the fact that I didn't accept the presidency of Princeton University when it was offered to me.

The Testimonial Dinner was held on February 17, 1912, at the Belvedere Hotel in Baltimore. The invitations sent out by the Committee, consisting of twenty of my professional friends in Baltimore, read in part as follows:

As an expression of the gratification of his professional brethren with the decision of Dr. John M. T. Finney to remain with them, a dinner will be held at the Belvedere Hotel, February seventeenth, 1912, at seven P. M.

Accompanying these invitations were cards which stated in part as follows:

In declining the honor which has recently come to him in order that he may devote the rest of his life to the practice and teaching of his profession, Dr. Finney has made a great sacrifice of self to what he believed to be his duty to his fellow-man.

The sense of gratitude felt by his friends at his decision to remain in Baltimore should be expressed in some form which may be of lasting benefit to the State.

It has accordingly been decided to invite those who may feel so inclined to contribute toward a fund to be known as "The John M. T. Finney Fund for the Advancement of Surgery," the income to be applied by the Medical and Chirurgical Faculty of Maryland for se-

curing lectures, purchasing books and such other means as may advance this branch of medicine.

Since I am human, very human, I am free to confess that I was greatly pleased and moved by this expression of affectionate regard on the part of my many friends, but I was particularly gratified at the idea of raising a fund by voluntary contributions, the income of which was to be used for the advancement of surgery.

The occasion itself was delightful. Many of my friends came from various parts of the country, and the letters and telegrams received were legion. Everyone seemed to enjoy the dinner; even I too enjoyed it because of the evident sincerity and spontaneity of the congratulations and good wishes. The toastmaster was my dear friend and colleague since Medical School days, Dr. William S. Thayer, "Billy" to his many friends and admirers. He rose to the occasion in his inimitable style and added greatly to its success. The speakers were Governor Goldsborough, President Hibben and ex-President Patton of Princeton, Surgeon-General Stokes of the United States Navy, Professor Halsted, and my personal friends, Dr. H. Friedenwald, Dr. C. W. Mitchell, Dr. L. P. Hamburger, Dr. S. T. Earle, and, representing my grateful patients, Mr. J. D. Baker. Among the many telegrams and letters from out of town were one from Governor Woodrow Wilson in Trenton, New Jersey, and another from Vice-President J. S. Sherman in Washington. As the last touch, Mr. Max Bröedel, the artist, in his choicest style sketched a book plate to identify the books belonging to the collection provided by the fund which was raised.

My second experience of this kind came on my seventy-fifth birthday. My friends again were more than kind to me and made me feel that here was real evidence of the compensation in growing old. Nothing could have been more delightfully arranged than was this dinner, attended by approximately five hundred of my friends, associates and former patients, who gathered together at the Lord Baltimore Hotel on February 11, 1936. My good friend and pastor, Rev. T. Guthrie Speers, D. D., "Guthrie" as he is affectionately called by many of his parishioners, was toastmaster, and an excellent one he made. He in turn was introduced by Mr. W. Frank Roberts, also a friend of mine, who was chairman and general manager of the whole affair. Dr. Speers gave a glowing sketch of my career. Under such circumstances, I suppose, a little leeway is to be allowed in the complimentary statements that are made concerning one's past accom-

plishments. Fortunately my friends let me down easily with regard to the number of speeches, and there were only two, by my friends, Dr. John H. Gibbon of Philadelphia and Mr. Jacob Epstein of Baltimore. Mr. Walter Sondheim, Sr., presented on behalf of the American Red Cross, of which President Roosevelt is National Chairman and I am Chairman of the Baltimore Chapter, a complimentary personal letter from President Roosevelt.

Among the many interesting things that were said and done at the dinner, none pleased me more perhaps than the amusing incident related by my friend and patient of many years, Mr. Jacob Epstein. He had had a bronze bust made of me by the well-known local sculptor, Hans Schuler. This bust was presented to me at the dinner, thanks to Mr. Epstein's kindly forethought. During his charming little presentation speech, Mr. Epstein told this story, which had taken place in the afternoon before the dinner as the bust was being carried to the hotel dining room. Two colored porters were carrying the bust when one of them said to the other, "Look out, now, yo' mus' be cah'ful wid dis t'ing."

The other one inquired, "Why? What is it?"

The first one answered, "'Cause it's a bust of Dr. Finney."

The second then asked, "Who is dis Dr. Finney?"

The first replied, "Oh, don' yo' know? Dr. Finney, he's de gen'man what done give us cullud people a hospital."

The second then remarked, "Is dat so? I'se done heerd o' him, and I'd like to git a look at him and see what he looks like." Whereupon he pulled aside the towel covering the bronze bust and looked at it. He turned to the first boy and exclaimed, "Fo' de lawd! Why, I thought Dr. Finney was a white man!" Thus as one travels along through life, one receives all kinds of compliments.

A pleasant social organization was a dinner club to which I belonged, and which included in its membership a group of representative Baltimoreans. We were at that time all actively engaged in our business or professional work. We met for dinner at the home of one of the members, usually about every two weeks during the winter months, and discussed the various topics that were engaging public attention at that time. During the summer we were frequently the guests of Brent Keyser on his yacht. These were delightful outings. We would go down the Bay over week-ends, and visit points of historical interest, of which there are many on the shores of the Bay and

its tributaries. We came to know each other intimately, and many life-long friendships were formed.

The dinner group was composed of the following members: R. Kent Keyser, Richard H. Bayard, George Weld, W. H. Buckler, Harry Reid, Lewellys Barker, Joseph S. Ames, William S. Thayer, Benjamin Read and myself. The after dinner discussions were often both interesting and informative. Owing to the deaths, one after the other, of several of the members, the meetings of the group were discontinued some years ago, but the recollection of the pleasant association we had with each other will linger to the end.

An interesting outgrowth of the close association in France of the group of younger surgeons who served in the front line of the A. E. F. was "The Eclat Club." Just who first suggested the idea I do not know, but Charles Mixter, Harry Kerr, and Burton Lee were probably the originators of the idea. Soon after the Armistice they had visited most of the American Hospitals in France, and the idea of forming an association of American surgeons who had done active work at the front was crystallized at about that time, probably as a result of this visit. On the way home from France on the steamer *Rochambeau* in January, 1919, the matter was discussed by Lee, Murphy, Pool, Fisher, Elting and perhaps one or two others, and it was decided to form such an association and to hold an organization meeting in the near future.

This meeting was held in New York on February 23, 1920, and a Constitution and By-laws were adopted. Active membership in the Club was limited to fifty, and only those who had served in the advanced zone during the War were declared eligible. Thirty-two Charter Members were elected. At subsequent meetings this number was increased to forty-five. Arthur W. Elting was elected President, Dean Lewis, Vice-President, and Burton J. Lee, Secretary and Treasurer.

There was to be one meeting annually, to be held in different cities of the country. The group was started with the idea of being of a social rather than of a professional character, although any matter of current interest may be brought up for discussion at any time. The meetings have always been characterized by the best of good fellowship, and there is a general feeling that the organization fills a real need in the social and professional life of each one of its members. Burt Lee in writing about this group not long before his death characterized it as follows:

It is perhaps the only Society of this kind in America, and it stands for something choicer and finer than any other group or organization of medical men in this country.

However that may be, membership in the Club has always been regarded by its members as a peculiar honor.

At the first meeting it was decided that there should be only one Honorary Member, myself. This has always seemed to me one of my highest honors. As if this were not enough, my friend, William F. Verdi, at the fifth meeting, held in New Haven on October 31, 1924, presented to the Club a beautiful oil painting by the well-known artist, V. Aderente. The painting depicts myself operating on a wounded soldier while the Goddess of Inspiration hovers over and a battle rages in the background. Photographs of this painting were presented to each member of the Club.

Experiences such as these, although they tend to make us humble at the thought of how extravagant our friends are in their praises for the little actually accomplished, also tend to stimulate us to greater endeavor to live up to this high estimate of our achievements.

Another great honor which as a rule comes to one later in life is to be chosen to receive an honorary degree from a great institution of learning. This I have experienced three times: first, in 1935, when I received the honorary degree of LL.D. from Tulane University; again in 1937, when I received the LL.D. from Harvard University; and recently, in this year of 1940, when I was notified that the same degree would be conferred on me by Loyola College here in Baltimore. There are also the awards conferred upon one from within one's profession: in 1932 I received from the Surgical Society of Boston the Bigelow Medal for "Achievement in Surgery," one of the highest surgical honors in this country; I have been chosen an honorary member of the Medical Society of London, the Hunterian Society, the Royal College of Surgeons of England, the Royal College of Surgeons of Ireland and the Royal College of Surgeons of Edinburgh. Yet another recognition is that which is made for service to one's country and its cause, and I have been decorated with three military honors: the Distinguished Service Medal from the United States, the Commandeur de l'Ordre de la Couronne from Belgium, and the Officier de la Legion d'Honneur from France. Before all of these honors I have stood humbly aware of how little lies within the power of any one individual to accomplish.

The good will of one's fellows is particularly pleasing when it comes from neighbors in one's own community. Such was the case in the recent placing of my portrait, painted by the late Mr. Thomas Corner, in the courthouse of Bel Air, Harford County, Maryland, where I had spent my boyhood days. They have a very nice custom there of hanging on the walls of the county courthouse portraits of former natives or residents of the town or county who have gained distinction in some special line of work. Some of my friends conceived the idea of hanging my portrait among the rest, and I felt much flattered when it was done. It now hangs there along with those of other citizens of Harford County, the names of some of whom are well known not only in the annals of Harford County, but throughout the country.

A different, but equally satisfying, compensation for growing older is to take part in the celebration of the fiftieth birthday of a great institution when one has watched its beginning and shared in its development. This experience was mine in May, 1939, on the occasion of the Fiftieth Anniversary of the opening of the Johns Hopkins Hospital. Many of the former members of the Resident Staffs, as well as many of the older graduates of the Nurses Training School, returned for the exercises, which were held in a large tent erected for that purpose on the Hospital grounds. It was a gala occasion. There were addresses by distinguished representatives of the various national medical societies; clinics, lectures and demonstrations by returning old graduates of distinction; an exhibit of interesting relics of the early days; and an historical play, topped off with a big alumni dinner attended by over a thousand alumni and guests. The Nurses Annual Commencement Exercises were also held in the tent during the celebration.

It fell to my lot, as one of the three left of those who were present at the opening exercises of the Hospital fifty years ago, to preside at the dinner. The principal speaker of the occasion was Dr. Howard A. Kelly, the sole survivor of the "Big Four," who did so much at the opening of the Hospital to establish traditions which have been carried on to the present day. The other one, besides Dr. Kelly and myself, who had also been present at the opening of the Hospital a half-century before was Mr. James D. Leeke, who at that time had been Chief Clerk of the Hospital. The celebration was a great success, rounding out in pleasant fashion the fifty years of faithful service rendered the community by the Hospital. Dr. Kelly was given a

great ovation when he arose to speak at the dinner. Everyone stood up, and the cheering and applause were loud and long. He responded with a brief and witty speech, reminiscent of the early days of the Hospital.

To sit at the speakers' table and from that vantage point look out over the gathering of distinguished men and women, to recall the many valuable contributions to the science and art of medicine and surgery made by certain of them; and then to try to estimate what it had all meant in the relief of suffering and the prolongation of human life, was an impressive experience. It brought most forcibly to my mind the extraordinary record of humanitarian accomplishment made by the Johns Hopkins Hospital and Medical School in the fifty years of their existence. Such musings, on such an occasion, could not but give rise to feelings of pardonable pride and satisfaction in one who had lived through and shared in the progress from the beginning, as well as sadness because of those no longer with us.

But there are other rewards besides those which result from one's professional success. What would life be worth without family and friends? Unless one has family and friends to divert one's thoughts from self, one is apt to lead a very selfish existence. What greater pleasure is there in growing older than the opportunity it furnishes from time to time for getting together with old friends and living over again in retrospect some of the pleasant incidents that have taken place in the years that have passed? One has thus the double enjoyment of the original experience and the subsequent repetition of it in memories stimulated by the presence of some of those who participated, and whom one may not have seen for many years. Making new friends all the time adds greatly to the pleasure of life, but for real satisfaction nothing can take the place of an old friend, one whom one has known intimately and well since early life.

Such an opportunity came to me recently on the occasion of the Yale-Princeton football game in New Haven on November 18, 1939. Fifty-five years before I had played as a member of the Princeton team against Yale, captained by Ray Tompkins. Like so many others who played on that occasion, he had died several years previously. His wife, who had survived him only a short time, left a sum of money at her death to establish in New Haven "The Ray Tompkins Athletic House," a very attractive building for the use of the Yale athletic teams.

A portrait of Tompkins was unveiled in the Athletic House after

the 1939 Yale-Princeton football game. An attempt was made to get as many of the surviving members of the Yale team as possible to attend the unveiling ceremony. Unfortunately, only three were still living, and one of these was unable to come because of illness. I received a kind invitation to attend the ceremony and as an old player to say a few words at that time. I was particularly glad to do this, because I remembered Tompkins very well. He was an outstanding player, hard but square. Then too, since I was the only surviving member of the Princeton team that had played against Yale so many years ago, I was glad to be present. The meeting offered the opportunity for an exchange of very pleasant reminiscences with foes of former days. After the mellowing influence of fifty-five years, the active partisanship of those early days was replaced by a genial exchange of courtesies and anecdotes.

As time goes on we are constantly reminded of the Hippocratic aphorism, "Life is short," by the dropping off one by one of the cherished friends of our youth. Fortunately some of them remain to cheer the passage of time by their presence and by the opportunity to see them and to live over again in memory the interesting events of preceding years. There comes to my mind one whom I have known and greatly loved and admired since college days, my good friend, Dr. Cary Gamble, Jr. He is another product of the South, but, to the pleasure and profit of his friends, most of his years since childhood have been spent in Baltimore. One of my earliest recollections of him was at Princeton. Like myself, he played football in those days, and he had been unfortunate enough to receive an injury to his leg which interfered for a while with his playing and necessitated his going around on crutches. Just before a Yale-Princeton game, I happened to see Cary hobbling along with difficulty on his crutches. In the course of the game, after a close and exciting period of play in which Princeton scored, there was great excitement and cheering. At the height of this, I ran across Cary Gamble, hat in one hand, crutches in the other, waving them in the air, careering around as actively as the hardiest student in the crowd. I have never seen a more spectacular cure; Christian Science wasn't in it.

Ever since college days there has been no one in whose society I find greater delight and satisfaction than in that of Cary Gamble. In his ideas and methods of care and treatment of his patients, he embodies as nearly as anyone I know the true physician. I could say a lot more about him, but since we are both as yet going strong, I

don't want to give him the opportunity of getting back at me, as I know he would.

But after all, since human nature is as it is, perhaps the most satisfactory compensation in advancing age is the pleasure that a man derives from his family. Some say life begins at forty; others date the time from different events. Certain it is that the various incidents that happen to one in the course of his life modify very materially his outlook. With a family, wife and children, especially grandchildren, one usually finds many interests of one sort or another to divert one's attention in many directions. Of course, marriage makes a great difference in the outlook on life. A happy marriage should, and usually does, mean an end to a selfish existence, since there are then two to be considered in every question that comes up, and the individual's personal interests are apt to take a secondary place.

When, however, the children begin to arrive, the whole picture changes and becomes reversed. Instead of the interests of the parents taking first place, those of the children become paramount. You begin then to view matters in the light of what the effect will likely be on the children rather than the parents. I recall vividly how the arrival of our first-born materially affected life in our home. It certainly is a wonderful experience to feel that a small baby really belongs to *you* and that it is up to you from now on to guard sacredly his interests and to place them above your own.

There is nothing in life more satisfactory than to watch the growth and development of one's children, to feel that one has a real responsibility in their proper training and education. It is a never-ending job to watch their development and to aid in it. Each age produces new problems as well as new opportunities. The measure of success which crowns their efforts is something that every parent or grandparent fully appreciates. Nothing in life affords quite so much pride and happiness as to have your children succeed in their life work.

To lay the best possible foundation for the future of one's children is a responsibility that rests upon every parent. Parents worthy of the name will not be unmindful of their obligations. The pity of it is that many parents fail to live up to the responsibility. Unfortunately other interests are apt to crowd out those that belong primarily to the children, and thus deprive the parent of the privileges and opportunities of parenthood, which make it so well worth while. There is something in the philosophy of the old darky, who when asked why the children in a certain family that he had lived with hadn't turned

out as well as it had been reasonable to expect, replied, "De trouble wusn't wid dem chillun. It wus 'cause dey wusn't riz right."

However satisfactory children may be in many ways, there is at the same time, or should be, a feeling of real responsibility which moderates to a degree this pleasure. Here is where grandparents are notoriously shirkers. They seem to be prone to relegate to the parents almost the entire responsibility of training and disciplining the child and to arrogate to themselves the sole pleasure of enjoying and spoiling the child to their heart's content. So it is that grandparents are inclined to say that life really began when they attained that proud distinction. They seem to have the idea that they can spoil their grandchildren as much as they like, and then when the children become unbearable, return them to their parents for correction.

It is curious too how one who is at all observant will notice in his offspring, even to the second generation, some of his own personal idiosyncrasies. Heredity exerts a powerful influence. One's likes and dislikes, habits of thought and methods of action, are brought home to one as one observes how his offspring attack and solve various problems.

Anyone who has anything to do with children must appreciate that in order to do the best by them, in addition to other requisites, one must have a sense of humor. It is curious how children learn to size up people; some they take to instinctively, others quite the reverse. In this respect a child is very much like a dog; he knows his friends. On one occasion a lady was calling at the home of one of my sons. The small daughter of the family, about six years old, was impressed by something in the lady's appearance or manner and proceeded to give her a careful looking-over as a child does, with an evident air of disapproval. Her mother noticed this and thought it would be just as well to get her out of the room, so she sent her out on some errand. Very shortly, however, the little girl reappeared at the door and again began her inspection of the lady. The visitor noticed her and said in a patronizing way, "Oh, little girl, run out to my automobile and get my handkerchief case. That's a good little girl."

The child, evidently not favorably impressed by the patronizing manner, drew herself up and with a toss of the head replied, "The hell I will!" The effect was electrical. My daughter-in-law reproved the child, of course, and made her go for the handkerchief case, which she rather reluctantly brought, and then sent her out of the room. I asked my daughter-in-law later if she had really punished the child.

I myself thought she should not have done so as the child was too small to understand the real meaning of what she had said. My daughter-in-law admitted that although she could not pass it by altogether, she didn't punish the child very severely since the lady's manner had impressed her in much the same way.

Once when several of my small sons and two or three of their boy friends were lunching at our house, they began to play at asking conundrums, and several had been asked when one of my small sons, who hadn't quite taken in just what a conundrum was except that someone asked a question to which an answer was expected, announced that he had one. When called upon to state it, he asked, "If a man goes down to the zoo and a lion eats his head off, what time is it?" There was a great outcry on the part of the other boys that that was no conundrum. He insisted it was, and when pressed for the answer after they had all given it up, he hesitated a moment and then replied, "A safety pin." This was greeted with a still greater uproar. As someone remarked, this much at least can be said in favor of the small boy's conundrum, it had a point to it.

What a blessing it would be if only grown-ups could or would learn a lesson from children in the matter of living more natural lives than they do! Instead of following the conventional, artificial, unnatural pattern laid down by the self-appointed leaders of the present sophisticated social order, what a relief it would be to get back to the spirit of simplicity and naturalness that characterizes childhood in all its actions and gives it its especial charm. Would that such a transformation were possible!

XII. INTERESTING ENCOUNTERS

MY PROFESSIONAL practice and many other activities frequently brought me into contact with people of considerable importance in public life. I have already described a number of my experiences with them, but there are some incidents which have not seemed to fit in with my narrative as I went along, but which I believe my readers will find of interest because of the side lights which they cast on the lives of these well-known characters.

My earliest professional experience in the White House was when Theodore Roosevelt was President. I was called in consultation by Doctor, later Admiral, Rixey, the White House physician, to see Mr. Roosevelt's daughter, Mrs. Nicholas Longworth, who proved to have an acute attack of appendicitis. I feel free to refer to this incident because she has already referred to it in print. I operated on her in the White House. She made a prompt and uneventful recovery. She made an excellent and interesting patient. Mr. Roosevelt was much interested in the preparations being made for the operation, but declined to be present while it was going on.

One morning shortly after the operation on Mrs. Longworth, on taking the train for Washington to visit her, I found that Attorney-General Charles J. Bonaparte, a resident of Baltimore and then a member of President Roosevelt's Cabinet, had preceded me in the car. I knew him very pleasantly; so he motioned to me to take a seat beside him. He opened the conversation by saying, "Well, I fancy you and I have the same destination in Washington this morning. I have an appointment at the White House with the President, and you are probably going there to see your patient." I agreed that I was and was glad to have his company.

"Well," said he, "I hope that you won't have the same experience

as another Baltimore doctor when he was making a professional visit at the White House."

"That sounds like an interesting story," said I, "would you mind telling me what it was? I am fond of good stories."

"Well," said he, "this was during the Presidency of Mr. Lincoln, who had been unwell for two or three days, and a consultation had been deemed advisable; so Dr. Van Bibber of Baltimore was called in. He went over and saw Mr. Lincoln in consultation with the President's physician. After the doctors had examined Mr. Lincoln, they retired for the traditional consultation. When they returned to Mr. Lincoln's room, he inquired of Dr. Van Bibber, 'Well, Doctor, what is your verdict?' Dr. Van Bibber, who was of the old school, replied, 'Mr. President, if I were to give a name to your malady, I should say that you probably have a touch of the varioloid' (the old-fashioned name for smallpox). 'Then am I to understand that I have the smallpox?' Mr. Lincoln asked, to which the Doctor assented. 'How interesting,' said Mr. Lincoln. 'I find every now and then that even unpleasant situations in life may have certain compensations. As you came in just now, Doctor, did you pass through the waiting room?' He replied, 'I passed through a room full of people.' 'Yes, that's the waiting room, and it's always full of people. Do you have any idea what they are there for?' 'Well,' said the Doctor, 'perhaps I could guess.' 'Yes,' said Mr. Lincoln, 'they are there, every mother's son of them, for one purpose only; namely, to get something from me. For once in my life as President, I find myself in a position to give *everybody* something!'"

I had not known that Mr. Lincoln had had smallpox while he was President; so I made inquiries, and sure enough, it is an historical fact that he did have a mild case of it while he was in the White House. It is recorded that he was feeling ill on his return to Washington after having delivered his Gettysburg Address, and his attack of smallpox followed immediately thereafter. The White House was not quarantined, but Mr. Lincoln was not allowed to hold personal interviews even with members of his Cabinet for several days.

The occasion of Mrs. Longworth's illness was not the first time I had had the pleasure of meeting President Roosevelt. Some time before I had been lunching with Dr. Rixey at his home. During the course of the luncheon, apropos of a new photograph of the President, which was on Dr. Rixey's table and which I hadn't seen before, I remarked that although, because of my supposedly marked likeness

to him, I had been called "Mr. Roosevelt" many times, especially when in Washington, I had never seen him face to face.

"Well," said Dr. Rixey, "we'll go up to the White House after luncheon. I should like to have the pleasure of presenting you to the President." When we got to the White House, as Dr. Rixey had the entrée, he walked right into the President's office, and I followed him. The President, his back to us, was seated at a small table on the opposite side of the room, writing. Dr. Rixey said as we entered, "Oh, Mr. President, pardon me for interrupting, but I have a friend here I should like to present when you have a moment."

"Why, hello, Rixey," said the President without looking up, "is that you? Make yourselves at home. I want to finish this thing I'm writing and I'll have it done in a moment." We amused ourselves by looking around the room. When he had finished, he threw down his pencil, saying, "There, that thing is done!" and turned facing us.

As soon as his eyes fell on me, I could see from his expression and attitude that he recognized me as someone he had seen before. He started across the room, looking me all over as he did so.

Dr. Rixey said, "Mr. President, I want to present my friend—"

The President held up his hand and said, "Hold on, Rixey! Don't tell me his name. I've seen him somewhere before." Then, coming up to me, he held out his right hand, put his left hand on my shoulder, and looking me straight in the face, said, "Delighted to see you again. Where have I seen you before?"

I got a little fresh then, perhaps, and on the spur of the moment replied, "I don't know, Mr. President, unless it was when you happened to look in the looking glass, because I have been called 'Mr. Roosevelt' so many times that I have wondered what sort of looking person you were. So far as I know, I have never had the pleasure of seeing you before."

"Well," he said, "I am pleased to have been mistaken for such a goodlooking man."

"No," said I, "Mr. President, the shoe is on the other foot. The compliment is mine."

After a little more pleasantry, he said, "But I have seen you before somewhere."

I replied, "I'm sure I don't know where."

Then, still holding my hand and looking steadily at me, he asked, "Did you ever play football?"

"Yes, Mr. President, that is my only title to fame—the fact that

I played on both the Princeton and Harvard varsity football teams."

"I thought so," said he, "I knew I had seen you before. You're that fellow who came up to Harvard from Princeton. You played on Kimball's team" (Kimball had been Captain my year) "and you made a touchdown in the Dartmouth game."

I said, "Yes, that's correct."

"Now," said he, "I knew your face at once, but I can't recall your name." I told him my name. "Oh," said he, "I ought to have remembered that too."

"It is astonishing that you should have remembered me after all these years," I replied. "It has been a good many years since I played football at Harvard."

"Oh," said he, "if I ever have my attention called to an individual for some special reason, I never forget his face. I was in Cambridge the fall you were playing and used to spend quite a little time watching football practice. I saw you there, so as soon as I saw you just now, I recognized you at once."

Some time afterward I attended a reception at the White House given to the American Medical Association during one of its meetings in Washington. It occurred to me to test the President's assertion; so as I approached him in the queue, I hid behind the person in front of me until I got right up to him. When I stepped out, the instant his eyes fell on me, he said, "Why, hello, Finney. I'm glad to see you again." So I'm prepared to believe that he had a remarkable memory.

On many occasions I was mistaken for President Roosevelt. I rarely went anywhere that someone did not call attention to the resemblance. I seldom went over to Washington while he was in the White House without being addressed as "Mr. President" by someone. Once I was hurrying to catch a train at the railroad station in Washington, when I saw a man coming across the street to head me off, evidently wanting to speak to me. I guessed what was coming. As soon as I got close to him, he took off his hat and said, "Oh, Mr. President, may I have a word with you?"

I said, "I am sorry, my dear fellow, but you are barking up the wrong tree. I am not Teddy."

Undaunted, he continued to walk along with me and insisted, "That's all right, Mr. President, you can't fool me."

I thought he might as well have the satisfaction of thinking that

he was speaking to the President, and no harm would be done; so I said, "What can I do for you?"

He said, "Oh, nothing, Mr. President. I simply want to thank you for appointing Mr. ——— to that position," mentioning some office or other.

"That was all right, was it?" I inquired.

"Oh, yes," he said, "you have never made a better appointment than that since you have been President."

"Well," I said, "I certainly hope things will turn out as you expect."

"You needn't give yourself any concern on that score," he replied.

"*De*-lighted to have met you. Pardon my haste," I said and passed on. I am sure he has related the incident to his children and grandchildren.

Another time a former Baltimorean who had lived in the West for many years needed surgical attention and, on the advice of some of his local relatives whom I had treated, returned to consult me. Upon his arrival in Baltimore, he went directly to the Hospital. I went to his room and there was met by an interesting-looking individual whom I had never seen before. He was sitting in a chair with a big Western "ten-gallon" hat on his head, the rim pulled down over one eye, the sight of which had been lost. He was "Dead-eye Dick" reincarnated. He looked up, took me in at a glance with his one good eye, and at once remarked in true Western style, "Why, hello, Teddy. How are you? I'm glad to see you again."

I laughed and said, "So here's another one who thinks I look like Teddy."

Looking sharply at me with his one eye, he said, "I know d—— well you do, for I raised him out on the ranch."

This started the conversation, and I asked him how it was that he knew the President so well. "Well," he said, "when he first went west, he came to the ranch where I was working, and I helped to break him in."

"Tell me about it," said I.

"Well," he said, "when he first arrived, he was a tenderfoot all right, like the rest of them Easterners, but it didn't take him long to learn. One rainy day, when we couldn't do much out on the ranch, most of the boys had gathered in the barroom, which was the club house. Teddy was thar, setting over in a corner reading a book, when in came Bill ———, who was the bad man of the neighborhood. He

had already had some drinks and was evidently looking for trouble. When he came in the door, he called out, 'All up for the drinks.' Well, the rest of us didn't need a second invitation. All of us knew Bill, so we responded quick, all except Teddy. He sat there reading his book and not paying any attention. Bill looked around and saw him sitting there. 'Wall,' he said, 'do you see that? Where'd that tenderfoot come from? Say, tenderfoot, didn't you hear what I said?' 'Yes,' said Teddy, 'but I don't care for a drink this morning, thank you.' 'Did you hear that?' yelled Bill. 'Well, I guess you'll take a drink whether you want to or not.' With that he drew his gun and began a little gun play, shooting holes in the floor around Teddy's feet. Teddy looked up, closed his book, put it on the chair, got up and walked over by Bill. As Bill put up his gun, Teddy, who was a crack boxer, hauled off and gave him a terrific punch in the jaw. Believe it or not, Bill dropped like a sack of sand, and it was some minutes 'fore he come back. When he come to, Teddy was standing over him, and as he opened his eyes and looked around, Teddy says, 'Well, pard, do you want any more? Because if you do, there's more where that came from.' 'No, thanks, I got a plenty,' says Bill. With that Teddy takes hold of him and helps him up and brushes off his clothes. 'Now,' said Teddy, 'I'll take a drink with you.' So we had a drink all around, and from that day on Teddy and Bill was bosom friends, and Bill went down with him to Cuba to fight the Spaniards and went all through that War with him."

I won't vouch for this story, but I give it just as it was told me by my patient.

I have spoken several times of Woodrow Wilson, but I have not mentioned a rather curious incident that happened just before his first Inauguration. The first Mrs. Wilson, who had been a patient of mine, came to see me at my office in Baltimore one day, arriving about lunch time. At that time I had my office in my home, and I asked her if she wouldn't stop and have lunch with Mrs. Finney and myself. Mrs. Wilson accepted my invitation, and she, Mrs. Finney and I had a pleasant chat together.

During the course of the luncheon I inquired rather facetiously how "His Excellency" was bearing up under the strain of the approaching responsibilities as President. She replied that he was bearing up wonderfully well, that nothing seemed to disturb him except perhaps one thing, and I should no doubt be surprised when she told me what that was. I expressed my interest, and she laughingly re-

plied that he was giving a great deal of thought as to who should be Minister to China, since that was shortly after the change from the old form of government to the new. He felt, she said, that the American Minister, just at that juncture, would be in a position to exercise considerable influence with the new government to be established in China, and he was anxious to secure the right man for the position. Up to that time he had not been able to decide upon anyone. I had recently noticed in the papers that Dr. John R. Mott, an outstanding Christian statesman, had just returned from an extended visit to China and the East. His name at once came into my mind, and without thinking I laughingly said, "Why, that's easy."

She asked, "What do you mean?"

I said, "Well, there is one name that comes to my mind at once."

"Who is that?"

"John R. Mott," I replied.

She hesitated a moment and then said, "Isn't it strange that we hadn't thought of him? I believe he would be the very man."

The conversation then went on to something else. After Mr. Wilson was inaugurated, among the first appointments to foreign posts made by him was that of Dr. Mott as Minister to China. I only mention this incident as a curious coincidence without claiming any credit for the appointment, which, as it happened, Dr. Mott felt that he must decline.

During the Harding administration, I was called over to Washington one evening to see Mrs. Harding in consultation with the White House Physician, Dr. Sawyer. I found her very ill, suffering from an acutely infected cystic kidney. Her pulse and temperature were high, and she appeared very toxic. The question was not so much one of diagnosis, for that was pretty well assured, but whether or not to drain the kidney. In such cases there is no certain rule. It depends largely on the condition of the patient and the judgment of the surgeon. Some of these cases relieve themselves eventually, while in others it is necessary to drain the kidney, and to drain it promptly, in order to relieve the symptoms and sometimes to save a life.

After reviewing Mrs. Harding's case carefully, it appeared to me that the safer course would be immediately to drain the kidney by incision, a comparatively simple procedure. This course, however, did not appeal to Dr. Sawyer. We discussed conditions long and thoroughly, I insisting that the safer course was to drain, and he opposing this. We could come to no agreement. Finally, as the hour was get-

ting late and I was due to operate early the next morning in Baltimore, I insisted on seeing the President before going and stating the case to him as I saw it. Dr. Sawyer again objected, and so the matter was up to the President, who sided with Dr. Sawyer. I returned to Baltimore, thinking I was through with the case.

However, it developed that Dr. Charles H. Mayo had been sent for and was already on his way. He arrived in Washington late the next afternoon and called me up soon after his arrival, asking me to come to Washington as soon as possible and meet him and Dr. Sawyer at the White House. I demurred after my experience of the night before, but as he insisted, I went over as soon as I could. Conditions had not materially changed since I had seen the patient, certainly not for the better. Dr. Mayo, being a surgeon like myself, took the surgical point of view and strongly advised drainage of the kidney by incision. Again we discussed conditions. The situation was one in which, frankly, one had to be a bit dogmatic. Perhaps nature would come to the rescue and relieve the situation; perhaps not. If not, the chances of recovery were practically nil, and furthermore the trouble was one which, if it did temporarily relieve itself, was prone to recur. Dr. Mayo and I urged the safer course, since the operative risk was small and the relief immediate. Dr. Sawyer again disagreed and said that he did not believe much in operating anyway. The question was once more put up to the President. After hearing both sides, he again decided in favor of Dr. Sawyer and against the operation both Dr. Mayo and I advised. It was a new experience, I am sure, for Dr. Mayo, coming from the Mayo Clinic, to have his opinion and advice summarily disregarded. I was more accustomed to it in the East.

We returned to our respective homes. Fortunately, after a day or two the condition began to improve and ultimately relieved itself, at least temporarily. I am credibly informed that the trouble later recurred and this time proved fatal. This experience only goes to show what a power is the "*vis medicatrix naturae*"; the trouble is that we poor mortals have no way of knowing for sure just when Nature will exert her power.

In some way one of the illustrated weeklies got hold of this story, and shortly afterward appeared with a full page cartoon picturing a typical country store with the country doctor, a caricature of Dr. Sawyer, in the center of a group of admiring country men, all sitting around the stove and spitting tobacco juice in large quantities at a

spittoon. The doctor was evidently entertaining the group with a recital of the incident just related, for underneath was the legend, "And then I told them city specialists just where to get off at." Several of our professional friends who knew something of the circumstances of our White House visit sent marked copies of the magazine to both Dr. Mayo and myself as a great joke on us, as it surely was.

I had the pleasure of meeting Mrs. Harding socially several times thereafter at the home of Mrs. Evalyn McLean. She didn't seem to harbor any grudge against me for wanting to operate on her. Curiously enough, when toward the end of his administration President Harding was about to start on the western trip, which unfortunately ended fatally, I was called on the telephone from the White House by Mrs. Harding herself, who cordially invited me to join the Presidential party as a member of the medical group. She said that, as I already knew, she had not been very well and neither had the President, and they would appreciate it if I would join them on their trip to the West Coast and Alaska. It so happened that, together with several members of my immediate family, I was myself just about to start for the Northwest to attend a medical meeting in Seattle, where I was on the program to deliver an address and hold a clinic or two. I explained to Mrs. Harding that I was very sorry, but that because of these circumstances I should not be able to accept her kind invitation, since it would mean the breaking up of the proposed trip of our family party, to which we were all looking forward with great pleasure. I added, however, that since the route and the time planned by the Presidential party for their western trip were almost identical with our own, I should be glad to keep in touch with them as we went along, and if I could be of any service, it would give me great pleasure to render it.

This was arranged, and I communicated with the Presidential party from time to time when we were in the immediate vicinity. After keeping my professional appointments in Seattle, my family and I went on to Alaska, as none of us had been there before. We sailed from Vancouver, traveling by the inside route, and had a very enjoyable trip. Among our pleasant memories are the views of the glaciers, the distant mountains and the sea; the steering by echo at night and in the fog; and the visit to the salmon packing plants. There everything was so nice and clean that my enjoyment of canned salmon has greatly increased ever since.

On our return, our boat passed very close to the boat on which

the Presidential party was just arriving. As we passed, I sent a wireless message to Mrs. Harding, expressing my best wishes for a pleasant journey. I received a prompt reply from the President acknowledging my message and bringing good wishes for our pleasant return voyage. Not long afterward, on our way home across the Continent, we received word of the President's death.

President Calvin Coolidge had a well-established reputation for taciturnity. Certain it is that he was not a gifted conversationalist, a fact to which I can bear personal testimony. At the time when the Board of Lady Managers of the Union Memorial Hospital in Baltimore was endeavoring to raise money to move the Hospital to a more desirable location, a dinner and a ball were planned, to which President and Mrs. Harding were invited. For some reason or other they could not come; so Vice-President and Mrs. Coolidge graciously took their places.

Before the ball a delightful dinner party was given at the home of one of the Lady Managers, and among the guests were Vice-President and Mrs. Coolidge. At the dinner table the hostess, a charming young matron, sat in the middle of one side of the long dinner table with Vice-President Coolidge on her right. Another of the Lady Managers, an equally charming lady, sat on the Vice-President's right. My seat happened to be just opposite them on the other side of the table. After we had been seated, general conversation began. Our hostess, in her most charming manner, turned to the distinguished guest on her right and made a few remarks, to which the Vice-President replied by slowly nodding his head. This continued for a course or two without any further visible response on the part of the Vice-President. About this time I happened to catch the eye of the hostess, who with a slight grimace and shake of the head, turned to address the person seated on her left, thus leaving the Vice-President open to an attack from the lady on his right. She promptly accepted the challenge and proceeded to open conversation with him, with the same result. Her efforts were kept up for some time with little or no response, save an occasional nod of the head, and finally she gave up in despair.

Then with rather spasmodic attempts to reopen the conversation with little or no response, the dinner proceeded to its end. During the entire dinner, the Vice-President seldom opened his mouth except to put in it either food or drink. After the coffee had been served, just before getting up from the table, the Vice-President turned to

the lady on his right and made a remark, to which she briefly but graciously replied. As soon as I could get round to her after the dinner, I said to her, "I am consumed with curiosity to know what it was that the Vice-President said to you."

"Oh," she replied, "did you see us conversing?"

"Well," I said, "I saw *you* conversing, but I did not see the Vice-President say much of anything but once, and I am crazy to know what that was. I'll give you a handsome present for your Hospital if you will tell me."

"Oh," she said, "I don't mind telling you what he said. It was, 'What is the name of my hostess?'"

I can bear still further witness to President Coolidge's taciturnity. Once, while he was President, I was called to Washington to see a member of his Cabinet who was critically ill in one of the local hospitals. I went over as soon as possible and saw him in consultation with his doctor. It was evident upon examination that he was "in extremis" and entirely beyond all human aid. Very little, therefore, could be done in his behalf, nothing that was not already being done. While at the hospital, I received a message from the White House, stating that after I had seen the Secretary, the President would like to see me at the White House.

I reported as soon as I could and was ushered into Mr. Coolidge's room, where he was seated, writing at a small table in front of a window. He was using a small piece of pencil about two or three inches long. There was another chair at the table besides the one the President was using. When I was ushered into the room, he arose, turned and put out his hand, and as we shook hands, motioned with his left hand to the empty chair. I waited until he was seated and then sat down. Up to this time not a word had been spoken by the President. He sat there twirling the little piece of pencil in his fingers and looking out of the window without paying the slightest attention to me for what seemed an interminable time. It finally became embarrassing. I did not know whether or not to open the conversation. It seemed to me that since I had been sent for, it was to be expected that he would state what he had in mind, but there we sat, how long I don't know.

Finally I could stand it no longer. I felt that at least I wanted it definitely understood by him that I had not come of my own volition, but in response to a request from him. So I said, "Mr. President, while visiting the Secretary at the hospital just now, I received

a message that you wished to speak to me at the White House." He nodded assent. Then we waited again, and we waited, and we waited.

Eventually it became so embarrassing that I spoke up again and said, "I suppose, Mr. President, you wish my report of the findings in the case of the Secretary." Again he nodded his head. I made my report, which was very brief and, as I have indicated, most unfavorable. I added that I could only express the hope that I might be mistaken. (I was not, and the afternoon newspapers announced the Secretary's death before I got out of Washington.) Again we waited. No question was asked and none appeared to be forthcoming. Finally I got up and again remarked that I was sorry to be the bearer of such bad news.

Then the President rose, and still looking out of the window, he said, "You were sent for some time ago when my boy was sick."

I replied, "Yes, Mr. President, I received your message, relayed to me up in Nova Scotia, where I was spending my vacation at the time. I replied at once that I was too far away to be of any immediate service and suggested your calling another consultant, adding that I would hold myself in readiness to come at a moment's notice if later my services were needed." Again he nodded, and there we stood. I did not know whether or not he might wish to add anything else. After waiting what seemed to me a very long time, I turned and said, "I am very sorry indeed, Mr. President, that I could be of no service to your son at the time of his illness. I shall bid you good day, sir." He bowed, and I bowed and retired. I could not but feel that perhaps my presence had brought so forcibly to his mind the great loss that he had sustained in the untimely death of his son from an infected wound of the foot that his New England repression had overcome his ability to speak. It was one of the most embarrassing experiences of my professional life.

Among the interesting personalities that it has been my pleasure to know was Dr. E. A. Alderman, President of the University of Virginia. At the time I first met him, he was President of Tulane University. It was at the Twenty-fifth Anniversary of the founding of Johns Hopkins University. The festivities had lasted the best part of a week and everybody was dead tired, a good preparation for the banquet that had been arranged for the last night, which happened to be Saturday night. Anyone who was present will recall that long-drawn-out dinner. The speeches were seemingly endless, and cor-

respondingly dull. A considerable number had left before the end. President Alderman was the last speaker. I had heard a good deal of him, and was anxious to hear him; in fact, he was the chief reason for my remaining through the long ordeal. It was late Saturday night, and midnight was fast approaching when President Alderman was introduced by the toastmaster. The clock in the City Hall had just begun to strike twelve as Dr. Alderman got on his feet. He took out his watch, held it in his hand until the clock stopped striking, and then, with a suggestive stretch, as if to get the kinks out of his muscles, he started his speech thus: "Mr. Toastmaster, *last week* when this banquet began, I had a speech prepared; but with your kind permission, and I am sure with the approval of those present, I will tell a story instead!" When the applause which greeted his opening sentence had died down, he went on to tell a funny story. This exhibition of quick wit, together with the good story, so caught the attention of the audience that they were anxious for him to proceed. But he insisted upon sitting down at the end of his story.

That incident, I am confident, had a great deal to do with the call Dr. Alderman received shortly afterward to be President of the University of Virginia, and which he accepted. This was a most striking illustration of how one's quick wit can turn an otherwise stupid or embarrassing situation into a brilliant and successful one. It was altogether the best after-dinner speech I ever heard.

The recent death of Senator Borah brings to mind an incident which happened many years ago. The Senator came to my office with a friend of his who was badly in need of a surgical operation. The friend was admitted at once to the hospital. His trouble necessitated an extensive operation, which left him for a while quite incapacitated. However, when he had recovered sufficiently to travel, he returned to his home in the Northwest. I had asked him to report his progress from time to time. Presently I received a letter from him to the effect that, considering everything, he was doing remarkably well. He explained that on his way home he had been mixed up in a railroad accident, which had shaken him up pretty badly, but fortunately he had sustained no broken bones. In ordinary circumstances, he added, he would have thought he had been roughly used, but compared with what I had done to him in my operation, a railroad wreck was as nothing. He went on to say that he believed that

the two experiences were mutually beneficial, and that having survived both, he was reasonably certain of his ultimate recovery.

What a satisfaction to doctor and patient alike for either or both to possess a sense of humor! How often its presence tends to smooth over hard places as nothing else can!

XIII. MY PROFESSIONAL COLLEAGUES

I HAVE already referred repeatedly to my professional teachers, colleagues, assistants and students, but I should not feel that this autobiography had fulfilled its purpose without a more intimate personal sketch of some of these men, from the close association with whom I have gained so much both in knowledge and inspiration. I shall begin with the "Big Four" of the Johns Hopkins Hospital, Dr. William H. Welch, Sir William Osler, Dr. William S. Halsted and Dr. Howard A. Kelly, who had so much to do with the development and early progress of this institution, and who exerted so profound an influence, not only upon myself and all others who worked with them, but also upon the science and art of medicine.

Everyone who was privileged to work under Dr. William H. Welch, the first of the "Big Four," felt much the same way about him, and everyone now feels that there can never be another Dr. Welch. He died without descendants; the mold was broken with his death, to the great loss of the medical profession and the world of science and humanity in general. What Dr. Welch meant to scientific medicine and public health is beyond computation.

William Henry Welch was a native of Connecticut. He was born in 1850, the son of a doctor, descended from a line of distinguished medical ancestry. He was graduated from Yale in 1870, after which he taught for a year and then took an extra year in chemistry before entering the College of Physicians and Surgeons in New York. He was graduated in 1875. He then interned for a year and a half in Bellevue Hospital. Here he came under the influence of Delafield and the elder Janeway, who made a lasting impression upon him and whose advice and example largely influenced his career. In addition to these two men, he worked under such others on the faculty as Dalton, Curtis, St. John, Markoe and Sabine.

Stimulated and guided by this remarkable group of men, Dr. Welch then went abroad and was fortunate enough to come into contact with many of the leaders of the German school of thought, which then led the scientific world. This was, of course, the most wonderful period in the evolution of the medical sciences. The great discoveries of Pasteur were preparing the way for the new science of bacteriology, and Virchow had just established cellular pathology on a sound basis. Some of the most famous of the German school were just at the height of their activity. What a wonderful opportunity for a young man of Dr. Welch's capability! He at once became a convert to the new pathology. About this time the opening of the Johns Hopkins Hospital afforded an ideal opportunity for developing in America a school of pathology that would follow the German lead. Dr. Welch was quick to take advantage of this opportunity, and in 1885 he began his epoch-making work in Baltimore, and here played a highly important role in the establishment of a new era in medical education.

From the time of his arrival in Baltimore, several years before the opening of the Johns Hopkins Hospital, Dr. Welch's laboratory became the center around which the prospective hospital revolved. Here was gradually assembled a group of eager students and investigators attracted by his personality and by the unequalled opportunity afforded for advanced work. Dr. John S. Billings was the one primarily responsible for the actual planning and construction of the Hospital, and President Daniel C. Gilman furnished the motive power for the whole University. But all will agree that Dr. Welch was chiefly responsible for the selection of the original staff of the Hospital and for providing the initial tone, atmosphere, or scientific spirit, whatever you may choose to call it, that has characterized the Johns Hopkins Hospital and Medical School from the beginning. Yes, it was Dr. Welch who set the pace, and those who later became associated with him recognized at once his extraordinary qualities of leadership and were only too glad to follow him. He exerted a commanding influence in the formative period of the Hospital and Medical School.

One is forced to deal in superlatives in order to give any proper estimate of what Dr. Welch accomplished in scientific medicine. In this country he stood in a class by himself in almost everything pertaining to a scientific knowledge of disease processes. He had an encyclopedic mind, and his fund of knowledge was simply inex-

haustible. He could discuss intelligently and constructively any question, medical or otherwise, that came up, and he did it in so pleasant a way, never condescendingly or patronizingly, but always in so interesting a manner that one learned much from merely associating with him and listening to him. He seemed to have read everything, and he remembered all that he had read or heard, and furthermore, could use it at any time. There seemed to be no subject that came up in conversation about which he was not well informed.

Once I operated upon a man for an intestinal obstruction, the nature of which I had been unable to determine before the operation. On opening the abdomen, I found the obstructing mass to be composed of multiple small cysts filled with gas, which looked for all the world like soap suds. I had never seen or heard of anything like it, nor could I find anyone who had until I went to see Dr. Welch. He sat smoking a cigar and listening carefully while I described what I had found. Then he said that he himself had never seen anything of the kind, but that he remembered reading some years previously in Virchow's *Archives of Pathology* a report of such a condition. He walked over to his library, and after thinking a moment, pulled out a certain volume. He opened the book and turned a few pages, and then said, "Yes, here it is. I thought it must be in this number." On the page he indicated was the description of a case of "Gas Cysts of the Intestine," similar to mine, and as I recall, the only one in a human being that had been reported in the literature up to that time.

I looked at the date of the volume and saw that it had been published about ten years previously. Dr. Welch had found the report of the case without even looking at the Index. To be able to remember the report of a single case after ten years, to pick out the correct volume, and then to turn to the right page without looking at the Index surpassed anything I had ever seen. Furthermore, he went on to say that he thought John Hunter (one of the fathers of scientific medicine) had, about a century ago, described the same condition in the intestines of sheep and hogs, and that I might find his specimens in the Hunterian Museum of Anatomy in London. As it happened, I was going to London shortly thereafter. The first place that I visited after arriving there was the Museum, and, sure enough, there I found several specimens of gas cysts of the intestine of both sheep and hogs, mounted by John Hunter and described in his own handwriting.

Never was there a more stimulating or better beloved teacher than Dr. Welch. His lectures were clear, concise and logical, and at the end of them each point he had made stood out so plainly that the student could not miss it.

Dr. Welch was always approachable, kind and gracious, especially to young doctors and medical students. I have told how kindly he received me when I first came down from the Massachusetts General Hospital to apply for an appointment to the newly formed Johns Hopkins Hospital, and how thoughtfully he attempted to ease my mind and banish some of my disappointment at not finding Dr. Halsted in Baltimore. He was never too busy, nor was it ever too much trouble for him, burdened as he was with so many matters of importance, to stop what he was doing and take the time to answer questions, discuss problems and give advice to anyone who came to him for counsel. He was as courteous to the student who wanted to ask him a question as he was to a member of the faculty. Thus it was that he received the nickname of "Popsie," by which he was affectionately known to all of the students, for he was indeed a father to them all.

Popsie was always unaffected and charming, and incidents such as the following endeared him to the hearts of us all. It wasn't often that he committed a "faux pas," but it is said that even Homer nodded occasionally. Once while Dr. Welch was showing some ladies around the Children's Ward, their attention was attracted by a charming little child in one of the cribs. As they stopped to look at the child, Dr. Welch remarked, "What a beautiful little girl!"

The children in the neighboring cribs, who had caught Dr. Welch's remark, were tremendously amused, and one of them turned to another and with a very audible snicker said, "He says Tommie's a girl."

Dr. Welch stopped and asked, "Why, is that a little boy?" at which there was renewed laughter. Then Dr. Welch, after a moment's meditation, remarked, "How interesting. You can't always tell about children by just looking at their faces, can you?" This time the ladies joined in the laughter, somewhat to Popsie's discomfiture.

But Dr. Welch was a father to more than the students; members of the faculty as well used to consult him on all manner of problems. He seemed to be equally well informed about them all, and his advice and suggestions were found by experience to be invariably

sound. No wonder then that he came to be mentor of the Johns Hopkins School of Medicine, to whom everyone turned and whom everyone delighted to honor. At the time of his death he was the unquestioned Nestor of American medicine.

Dr. William Osler, afterward Sir William Osler, or "The Chief," as he was affectionately known among his students and associates, was the first Physician-in-Chief to the Johns Hopkins Hospital and the first occupant of the Chair of Medicine in the Johns Hopkins Medical School. As a member of the Surgical Staff of the Hospital, I was not privileged to serve under him. However, during his fifteen years of service at the Johns Hopkins Hospital I came to know him well and, like every other earnest student fortunate enough to have been attached to the staff of the Johns Hopkins Hospital in any capacity whatsoever during these golden years of opportunity, could not fail to come to some degree under the magic spell of his influence, so potently manifested wherever he happened to be, whether in Toronto, Montreal, Philadelphia, Baltimore or Oxford. This was an influence so subtle, and yet so compelling, that one could not remain in his immediate environment for any length of time without experiencing in some form or other its lasting effect.

William Osler was born in Ontario, Canada, July 12, 1849, and, like so many distinguished men, was the son of a clergyman. His early education was received in Toronto, and he was graduated from Trinity College in 1868. He took his medical degree at McGill University, Montreal, in 1872. He studied abroad for two years, chiefly in London, Berlin, and Vienna. On his return in 1874, he was made Professor of Medicine at McGill University. Here he remained until 1884, when he accepted a call to the Professorship of Clinical Medicine at the University of Pennsylvania.

When the Medical Department of the Johns Hopkins University was inaugurated in 1889, he became Professor of the Theory and Practice of Medicine and Physician-in-Chief to the Johns Hopkins Hospital. Here he was one of the famous "Big Four" of the Faculty, and the credit for the organization and development of the Hospital, and the far-reaching effect which it has had on medical education in this country is largely shared by him.

In the fall of 1904 he accepted a call to become Regius Professor of Medicine in the University of Oxford, England, where he remained until his death on December 29, 1919—fifteen years crowded

with manifold activities, especially during the World War, when his counsel and advice were continually in demand, both by military and civil authorities.

His career in the various institutions he served is too well known by the public and the profession to require extended comment. He was the recipient of many honors, too numerous to recount. Institutions of learning were eager to honor themselves in honoring him. The list of universities conferring degrees upon him would include practically all the leading ones of this country, and many of those of Great Britain. In addition to all this, in 1911 he was created a Baronet of the United Kingdom by King George V. An unusual distinction completed this list of honors when in 1918 Sir William was made President of the British Classical Association, a rare honor indeed to be conferred upon a physician, a member of a profession without special classical training. This is but an additional evidence of the wide range of his interest and of his scholarship.

On May 7, 1889, when the doors of the Johns Hopkins Hospital were first thrown open to the public, there had gathered a distinguished assemblage containing many notable personages, both lay and medical, representing the élite of the profession at home and abroad. Among the prominent figures who were present, Osler perhaps more than any other focused the attention and the interest of the assemblage: a man of rather spare figure, a little below the average height, dressed immaculately with a flower in the buttonhole of his Prince Albert coat. He had coal black hair, just beginning to turn a little gray at the temples and to grow a little thin over a high forehead, which showed signs of intellectuality of a high order; a flowing black mustache; bright piercing eyes, in which lurked almost constantly a most engaging twinkle; and a complexion rather sallow, yet suggesting good health. His manner was debonair, his movements quick and agile, indicating great nervous energy. Altogether he gave the impression of a body under excellent control, a mind endowed with great mental acumen and poise, and a well-developed sense of humor.

But let us follow him a little later, after he had begun his work at the Hopkins, as he made his ward rounds, where we can observe the effect of his personality upon his patients. He had a cheery word of greeting for each one, a characteristic wave of the hand, a friendly pat on the back or perhaps a momentary grasp of the hand. He would make a bright sally, usually at the expense of the patient, but

leaving no sting behind, as unfortunately witty sayings so often do, but rather leaving on the mind of the patient an effect which was both pleasing and salutary. It would be difficult to imagine a personality more human, more engaging or more inspiring of hope and confidence. He seemed to put into operation without knowing it the best that there is in psychotherapy. There was developed in him to an unusual degree the capacity of making each patient feel that he was personally interested in his or her individual case. This was not merely an assumed interest; it was genuine. His patients fairly worshiped him.

But if his patients were so profoundly affected by Dr. Osler's personality, what of his students and staff? The relationship between him and them was intimate and cordial. Never was leader more loyally followed or more devotedly worshiped by his subjects than was Dr. Osler by his associates. The following verses were penned by one unknown to me, undoubtedly a member of the Medical Staff of the Hopkins. They reflect very well the respect that prevailed around the Hospital with regard to Dr. Osler's ability to show up what a medical student did not know as well as what he did:

When William Osler Makes His Rounds

Haste! Haste! ye clerks, make breakfast brief,
And follow close your lord and chief:
With paper blank and pen in fist,
Let not a single note be missed,
When William Osler, K. C. B., F. R. S., F. R. C. P.,
Makes his rounds.*

*No matter how much work may be
Awaiting you beneath Ward 'G,'
When on the bridge he's heard to sing
Drop all, and wait upon the king,
For William Osler, K. C. B., F. R. S., F. R. C. P.,
Is making rounds.*

*See how the double doors swing back,
And in he comes with all his pack!*

*The medical internes whose duty it was to take the histories of the patients were known as "clinical clerks," an old English term, pronounced "clarks."

*From North and South, from West and East,
They flock like vultures to a feast
When William Osler, K. C. B., F. R. S., F. R. C. P.,
Is making rounds.*

*All sorts of folk are in the pack,
From city swell to country hack,
Swine-like they crowd each empty space,
Crowd clerk and interne out of place
When William Osler, K. C. B., F. R. S., F. R. C. P.,
Is making rounds.*

*Now when he's seen your case perchance,
And done his little song and dance,
A cunning trap he lays for you
And holds four fingers up to view,
Does William Osler, K. C. B., F. R. S., F. R. C. P.,
In making rounds.*

*Says: "Mr. Blank, tell us what points
About the swelling of the joints
Have been impressed upon your brain
Since you have followed in our train?"
Says William Osler, K. C. B., F. R. S., F. R. C. P.,
While making rounds.*

*You glibly give the list of points
He made upon those self-same joints
When last he talked upon the case.
You stop, and smile into the face
Of William Osler, K. C. B., F. R. S., F. R. C. P.,
Who's making rounds.*

*Poor lad! Pride antedates a fall,
For when you're sure you've named them all,
From out his sleeve he'll draw two more
Which you have never heard before,
Will William Osler, K. C. B., F. R. S., F. R. C. P.,
While making rounds.*

*Cheer up, sad heart, you're not alone,
For ere this morning's work is done,*

*Unless some marvel come to pass
He'll prove each clerk in turn an ass,
Will William Osler, K. C. B., F. R. S., F. R. C. P.,
While making rounds.*

But in order to get a glimpse of the real "Chief," of the many sides of his character; his wonderful memory for cases, the inexhaustible storehouse of medical lore with which his mind was filled, his remarkable insight into human nature, his intimate knowledge of disease and its protean manifestations; in order to feel the magic of his personality, one must watch him by the bedside of his patient, surrounded by his students, the ideal clinician and teacher. There he sits in characteristic pose in the midst of them, his exquisite hands palpating the patient or toying with a stethoscope, of thoughtful mien, his mind alert, never missing an opportunity to direct attention to some point of interest illustrated by the case or to point out to the students some way in which by study and research additions could be made to existing knowledge. Nor does he fail to take advantage of the opportunity to try in his own delightful way to stimulate in the minds of his students the desire for real accomplishment in their work.

Listen in for a moment as he talks in his inimitable style, while I quote from what he said on one occasion to the students of the University of Toronto:

You remember in one of the Jungle stories that when Mowgli wished to be avenged on the villagers, he could only get the help of Hathi and his sons by sending them the 'Master Word.' This I propose to give to you in the hope, yes, in the full assurance, that some of you at least will lay hold upon it to your profit. Though a little one, the master word looms large in meaning. It is the open sesame to every portal; the great equalizer in the world; the true philosopher's stone which transmutes all the baser metal of humanity into gold. The stupid man among you it will make bright; the bright, brilliant; and the brilliant student, steady. With the magic word in your hearts, all things are possible, and without it all study is vanity and vexation. The miracles of life are with it; the blind see by touch; the deaf hear with eyes; the dumb speak with fingers. To the youth, it brings hope; to the middle-aged, confidence; to the aged, repose. True balm of hurt minds, in its presence the heart of the sorrowful is lightened and consoled. It is directly responsible for all advances

in medicine during the past twenty-five centuries. Laying hold upon it, Hippocrates made observation and science the warp and woof of our art. Galen so read its meaning that fifteen centuries stopped thinking and slept until awakened by the De Fabrica of Vesalius, which is the very incarnation of the master word. With its inspiration, Harvey gave an impulse to a larger circulation than he wot of, an impulse which we feel today. Hunter sounded all its heights and depths and stands out in our history as one of the great exemplars of its virtue. With it, Virchow smote the rock and the waters of progress gushed out; while in the hands of Pasteur, it proved a veritable talisman to open to us a new heaven in medicine and a new earth in surgery. Not only has it been the touchstone of progress, but it is the measure of success in everyday life. Not a man before me but is beholden to it for his position here, while he who addresses you has the honor directly in consequence of having had it graven on his heart when he was as you are today. And the master word is "Work," a little one, as I have said, but fraught with momentous consequences, if you can but write it on the tablets of your hearts and bind it upon your foreheads.

No one could have been more appreciative or understanding of the vital part played by science in progressive medicine than Dr. Osler. Indeed, he began his career as a so-called laboratory man, and as such contributed in no small measure to the advance of scientific medicine. No one better understood the value of research, not only because of its contribution to the advancement of knowledge and the benefits accruing therefrom to humanity, but especially because of the mental stimulus imparted thereby to the investigator. But in addition to his knowledge of disease processes and his faith in hard work, Dr. Osler had a thorough understanding and love of his fellow-men and a genuine desire to relieve suffering and restore health.

Even this hasty and superficial glance at Dr. Osler's attitude toward medicine would seem to demonstrate at once that there can be no conflict between the science of medicine and the human relationship existing between doctor and patient. Each vitally affects the ability of the doctor to benefit his patient; the one through greatly enlarging the range of his professional activities by rendering more exact and comprehensive his knowledge of the varied causes and clinical manifestations of disease and how to treat it; the other through those intangible, imponderable, yet potent spiritual and

mental agencies inspired by the personality of the doctor. The purely scientific doctor, who looks at his patient simply as a case, whose interest lies largely, if not solely, in a consideration of the abstract problem of disease and the study of its protean manifestations in the individual, the pathological changes that it brings about in the various structures of the body, the specific and contributing causes responsible for these tissue changes, and the effect of various therapeutic agents upon the life history of disease processes, fails to take advantage of the psychological values inherent in the personality of the Dr. McClure or the Dr. Osler type of physician. He misses altogether those experiences that come so frequently to, and are so much prized by, that physician who is not only genuinely interested in the physical defects of his patients, but, unconsciously perhaps, ministers to their mental and spiritual ailments as well.

No wonder then that Dr. Osler was the best loved of men. His patients recognized in him a trusted friend who at the same time could be confidently relied upon to employ every agency that science afforded for their benefit. Dr. Osler was the embodiment of St. Luke, "The Beloved Physician" of Holy Writ. His life illustrated the fine balance that should be maintained between the scientific and the practical in medicine, between the head and the heart. Like Abou ben Adhem, he loved his fellowmen despite their faults and frailties, toward which he was always willing to turn a blind eye or a deaf ear.

Dr. Osler was an extraordinary physician and beyond question a great diagnostician, but a few at least of his patients were perhaps at times inclined a bit to take exception to his treatment, especially of minor ailments. He had the reputation in certain quarters of being more or less of a therapeutic nihilist. It was said rather jokingly of him that "he rarely used more than a half-dozen drugs, all of which were poisons." On one occasion I happened to be calling on a well-known physician of Baltimore who was well advanced in years. He had been suffering for some time from angina pectoris and was a patient of Dr. Osler. While I as a friend was visiting the old doctor, Dr. Osler happened to come in. As soon as the doctor-patient saw him, he began berating him because he was doing so little for him, insisting that he had been having a lot of pain and wanted more medicine to make him comfortable. Dr. Osler, in his characteristic manner, began twitting him about what poor patients doctors make, but the old doctor was insistent. "What's the use," said he, "of having the supposedly best doctor in the country as your physician when he

doesn't do anything for you? I'd rather have a fifty-cent doctor from South Baltimore who would do something to relieve my pain than the best in the land who just comes in and jokes and pats you on the back, and then goes out without leaving you any medicine to make you feel better." As Dr. Osler went out, he called the nurse and told her to be sure to give the doctor-patient the medicine, which he then prescribed, and to give him enough to keep him comfortable.

Dr. William Stewart Halsted, the third of the "Big Four" and the one of the group with whom, since I was in the Surgical Department, I had most contact, was the first Professor of Surgery in the Johns Hopkins University and the first Surgeon-in-Chief to the Johns Hopkins Hospital.

William Stewart Halsted was born in the city of New York on September 23, 1852. He was graduated from Yale University with the A. B. degree in 1874. He studied medicine in the College of Physicians and Surgeons, now a department of Columbia University, and was graduated in 1877 at the head of his class, for which he received the first prize of one hundred dollars. He then served as Surgical Interne and House Surgeon in Bellevue Hospital.

He began the practice of surgery in New York in the fall of 1880. From the beginning he limited his practice to surgery, and in all probability was the first in this country to confine himself exclusively to this specialty. About the same time he was appointed Attending Surgeon to the Presbyterian and the Bellevue Hospitals and Assistant Attending Surgeon to the Roosevelt Hospital. From 1881 to 1888 he was also Chief Surgeon to the Dispensary of Roosevelt Hospital. In addition to all this, he was Surgeon to numerous other hospitals in the city. Indeed this period of Dr. Halsted's career seems to have been characterized by a mad rushing from one hospital to another, in which his time was fully taken up by operating, seeing patients, teaching and lecturing on anatomy and by his private quiz; one wonders how he accomplished so much. To one who knew Dr. Halsted only in the latter half of his active professional life, when time was taken for a leisurely study of each problem as it came up, when the element of haste was entirely out of the picture, it seems utterly incomprehensible that he could ever have masqueraded as a "Dr. Jekyll-Mr. Hyde" type of person. But such undoubtedly was the case. He used to refer in a deprecating manner now and then to this period of hyperactivity. As a direct result of the character and extent of his

work during this period, his health suffered, and he was compelled to relinquish his duties for a time.

Another contributing factor to Dr. Halsted's breakdown in health, which I should not refer to had it not already been mentioned by others, was his unfortunate addiction to cocaine, which began about this time. The habit was acquired quite innocently by Dr. Halsted and several of his assistants who were working with him at the time. The discovery of cocaine, announced by Koller in 1884, stimulated great interest in the use of this new local anesthetic. Dr. Halsted and his assistants were among the most active in studying its therapeutic action, so much so that they experimented on themselves and some of their students. As an outcome of these experiments Dr. Halsted made the interesting and important discovery that cocaine could be injected into the trunk of a sensory nerve and thus anesthetize the area supplied by that nerve. So insidious and exhilarating was the action of this drug that for a time it was a common practice to snuff it up the nostrils in order to experience its rather pleasant physiological effect. All unconscious of the habit-forming nature of the drug, they continued its use until the dreadful habit had fastened itself upon several of them, Dr. Halsted among the number. To the very great credit of Dr. Halsted, he was one of the few who were able to overcome its disastrous effect. This required herculean effort upon his part and necessitated his retirement from active work for a time. But he persisted in his efforts and finally overcame it, and subsequently made some of his most brilliant contributions to scientific surgery. Curiously enough, his whole manner of life underwent a complete change after this experience.

His health having improved, Dr. Halsted in 1887 came to Baltimore as one of that brilliant coterie of men who had been attracted thither by the unequalled opportunities offered in the newly opened Pathological Laboratory of the Johns Hopkins University, under the inspiring leadership of Dr. Welch. Here Dr. Halsted became at once identified with and a leading spirit in the New Johns Hopkins School of Scientific Medicine, then in the process of development. He was associated at this time with such brilliant pupils of Dr. Welch as Mall, Councilman, Nuttall, Reed, Abbott, Flexner, and many others. No wonder then that Dr. Halsted with his splendidly trained mind, his scientific curiosity, and his wide experience and interest, developed rapidly in this congenial atmosphere and was not long in embarking upon that career of unrivaled productiveness along all

lines of surgical progress, which had begun so brilliantly in New York and which marked his connection with Johns Hopkins from beginning to end.

Here he founded a School of Surgery based upon the most approved scientific principles, the distinguishing characteristics of which were honesty of purpose and thoroughness of method. The methods employed by him in organizing his Clinic were, at the time of the opening of the Johns Hopkins Hospital, quite revolutionary. The results achieved during the years which have passed since that date have amply justified his judgment. But to those who, like myself, were privileged to serve under him, to benefit by his inspiring leadership, his wise counsel and stimulating example, the one thing that stood out with greater prominence than anything else was his earnest search after and passionate love of the truth. Everything else was subordinated to this. It made no difference whether or not the truth, when finally discovered, confirmed or overthrew his preconceived ideas or previously enunciated theories. His absolute honesty made him always the first to call attention to his own mistakes. However, the painstaking care with which his work was planned and the scientific accuracy with which it was carried out made this rarely necessary. His senses were so well co-ordinated that fancies were rarely mistaken for facts, and his logical and well-trained mind readily co-ordinated these facts and reached the proper conclusions with remarkable precision and dispatch.

In the conduct of his Clinic Dr. Halsted was an ardent admirer and exponent of the best in the German school in which he had been trained. His students and assistants were not spoon-fed. His idea was to help a man to help himself, not to destroy the assistant's initiative by continually telling him what he should do next and then showing him how to do it, but rather to leave him to follow largely his own lead, only helping him here and there with a word of advice or warning as occasion required. Dr. Halsted's influence on the group of younger surgeons trained by him was an unconscious rather than a conscious one. He taught by example, the best of all methods, rather than by precept. His associates were (much more than they realized) deeply impressed by his habits of thought and work; his enthusiasm, his painstaking accuracy, his close observation and his never-failing interest in studying problems with characteristic and indefatigable industry until he had at last mastered them. His methods were less

striking than those of some of his confreres because less spectacular, but they did not suffer thereby in effectiveness.

He left his impress on all of his assistants who worked in his Clinic long enough to appreciate the strength of his personality and the soundness of his methods. This may readily be confirmed by a visit to those present-day clinics directed by men trained under him, many of whom have subsequently occupied positions of responsibility and influence in the Chairs of Surgery in many of the outstanding universities and medical schools of the country. Dr. Halsted's insistence upon the scrupulous observance of the fundamental rules of surgery so impressed itself upon his pupils that the effects of his teaching are apparent today in the work of the clinics of which these men have charge. It is a wonderful record that Dr. Halsted made, a record that appears partly upon the printed page, partly in the current surgical thought and practice, but more deeply still upon the hearts and minds and in the actions of those fortunate enough to have come under his influence. Notwithstanding the many valuable contributions made by Dr. Halsted to the science and art of surgery, I believe that it will be generally conceded that the crowning glory of his achievement during his over thirty years of service at the Johns Hopkins was in the number and character of the young surgeons trained by him.

Dr. Halsted was a stimulating teacher, although not always fully understood or appreciated by the student at the time. Perhaps the qualities that he most insisted upon in his students were accurate observation, careful record of facts observed, and correct reasoning from the data thus accumulated. He tried to make his students think, and think straight. He was not given to flattering his students and assistants or complimenting them over much on their achievements. He preferred rather to try to arouse in them the desire for knowledge by exposing the extent of their ignorance. Particularly was this true in the case of anyone who assumed knowledge that he did not possess. His students feared and respected his almost uncanny ability to ferret out what they did not know, and his habit of parading it before the class for their edification. Even the students so disciplined could not but admire the finesse with which it was done, and appreciate and benefit by it. "Faithful are the wounds of a friend." In this spirit he worked for their good.

To be a great teacher, to have the ability to impart knowledge, or what is of far more importance, to be able to instill into a pupil

the thirst for it, to teach him proper habits of thought and work, to inspire him to search after truth until he finds it, let it lead him where it may, is a great gift. Such a teacher was Dr. Halsted. His lectures and demonstrations, while often over the heads of many of the class, were an inspiration to the select few whose interest he commanded. To the good student, he was a great stimulus; to the poor one, a constant terror. The true investigator, the one to whom everything in nature presents a subject for research, is a "rara avis." But this faculty may be stimulated and to a certain extent developed in students by the proper teacher and the right kind of teaching. Dr. Halsted had this rare and excellent faculty; namely, the ability to stimulate in his students their imagination and their curiosity, which are the essence of scientific research.

A man of comparatively few words himself, he was an excellent listener. He was a better writer than speaker, as he was a better surgeon than operator. As an original thinker and investigator interested in the larger problems of scientific surgery, he was without a peer. As a contributor to surgical progress, no one was more active or fruitful. Few surgeons of his own or preceding generations have by their original contributions so enriched surgery and in such varied ways. The versatility of his genius was quite as striking as its originality. While the science rather than the art of surgery appealed the more strongly to him, the latter was not wholly neglected, as witness the several valuable contributions that he has made in this particular field. Nevertheless, he should be classed as a "head" surgeon rather than a "hand" one. He was much more interested in thinking surgery than in doing it, happier in his laboratory than in the operating room. He recognized and frequently referred to the fact in conversation with members of his staff that operating was not his forte and he was always glad to be relieved of its great responsibilities. Yet his associates will be able to recall many occasions when he has performed unusual and dangerous operations, requiring a high degree of courage and dexterity, with consummate skill.

I shall not attempt here to appraise the real worth of Dr. Halsted's many contributions to the science and art of surgery or to designate the place that he has won for himself among the immortals in his chosen field of work. That will be left to others who may be able to approach the task in a more impersonal manner. Indeed it is impossible in so short a sketch as this to do justice to so remarkable a man as Dr. Halsted. I shall therefore attempt nothing more than to

portray as best I can from my personal observations and impressions the Dr. Halsted whom I knew, greatly admired, and worked with for over thirty-three years. My close association with him dated from the day of the opening of the Johns Hopkins Hospital. I have told of the brief and characteristic interview that took place on that day when I had come down from Massachusetts General Hospital for the second time to see whether or not I had received the desired appointment at Hopkins. With a few words and no explanation Dr. Halsted inquired when I could report for duty. My surprise and bewilderment may well be imagined, but from that moment there was indelibly impressed upon my mind the fact that he was a most unusual man in more ways than one, an impression strengthened and confirmed with each passing year.

Dr. Halsted was a unique personality. He was shy and diffident as the proverbial young maiden, reserved and very difficult of approach to a stranger, but to his chosen few intimates, of whom there were only two or three, a charming companion with a keen sense of humor. He was by birth and breeding, as well as by natural inclination, a cultured, courteous gentleman. An aristocrat, fastidious to a degree in his habits of life, enjoying but not much given to indulgence in social pleasures, he was always a welcome addition to any company. The finer things in both nature and art appealed strongly to him. In certain lines he was a connoisseur, but in such a quiet way that none but his intimates knew he had more than a passing interest in such things. In the all too rare moments when he allowed himself to unbend, he would converse interestingly on topics quite foreign to his life work. At such times he showed the wide extent of his general information and revealed glimpses of that charming social side of his nature, the cultivation of which he appeared almost entirely to neglect.

Dr. Halsted was the most modest of men. Caring little for the applause of the multitude, he preferred to be left undisturbed to follow the even tenor of his way, his mind intent upon the special problem which for the time being engaged his attention, yet ever alert to grasp new ones as they presented themselves. Because of his scholarly tastes and studious habits, it was hard to see in him the athlete he had been in his earlier years. He shunned publicity and applause and shrank from everything that savored of notoriety. He did his best work in the quiet of his study or his laboratory, never before a crowded gallery, where he was always ill at ease. His ap-

parent reticence, misinterpreted at times by some who did not know him as coldness or lack of interest, was but a natural defense reaction for his shyness. But let his attention be attracted by some phenomenon observed or by some remark made in the course of conversation, and instantly the barriers were down. He at once became so much absorbed in the possibilities the thought suggested that the shyness vanished and instead was revealed the interested scientist.

I have said that Dr. Osler was known as "The Chief" and Dr. Welch as "Popsie," nicknames which were given them by the students, according to the almost universal custom of students with their teachers. These names were taken up by others until they became definitely attached to each and superseded all other titles. Dr. Halsted too had a nickname, and the story of how this came about is of some interest. One day soon after the opening of the Medical School Dr. Halsted had a small boy as a patient. It was an interesting case, and he was using the boy as the subject of his morning clinic before a room full of students. The father of the boy was present. He was one of these smooth and rather offensively obsequious types. He was forever butting in with "Professor" this and "Professor" that, bowing and scraping along with it. I had noticed that Dr. Halsted was getting a little bored, and I expected something to happen. Presently after one of these interruptions, he turned on the father and said in a very bored tone, "Oh, don't call me 'Professor.' I am no dancing master." From that time on the title of "The Professor" was permanently attached to Dr. Halsted. I think he did not like it, but that made no difference to the boys.

The members of his staff regretted that with few exceptions he could not establish an intimate personal relationship with them. His younger associates felt keenly the loss of this comradeship, and Dr. Halsted himself was heard to remark more than once that he wished he knew how to get as close to the individual members of his staff as, for instance, Dr. Osler appeared to be able to do with his. This atmosphere of aloofness with which Dr. Halsted surrounded himself was, I believe, largely temperamental and to a certain extent artificial, but he never seemed quite able to overcome it. No chief ever had more loyal or devoted followers than were the members of Dr. Halsted's staff, and if their genuine affection for him was not mere demonstratively manifested, it was simply because they felt that he preferred it so.

Dr. Halsted was extremely particular in most things, and it was

difficult at times to know just what to do when anything new came up for decision. I had learned early the kind of person he was and how to take him. As long as he felt that one was doing one's best, there was little comment, either praise or criticism. He was chary with both, but one always had this satisfaction, that so long as he had no comment to make one way or the other, one could be reasonably sure the work was satisfactory. However, Dr. Halsted was not by any means always an easy man to get along with. At times he was difficult and unreasonable, or so he appeared to some of his assistants. At least one of his Residents resigned and left because of inability to get along with him. Another had made up his mind to do the same thing, but was dissuaded by his friends. Altogether Dr. Halsted's staff, individually and collectively, were with few exceptions enthusiastically loyal to him. There were certain things that in due course of time we came to understand were considered as essential by Dr. Halsted, and there were others not to be tolerated for a moment. As long as these requirements were observed by the members of the staff, things usually went along pretty smoothly, but woe unto the fellow who, thoughtlessly or otherwise, transgressed one of these unwritten laws.

The same rules to a certain extent applied to the nurses. If Dr. Halsted liked a particular nurse, she usually got along pretty well. I have described how the use of rubber gloves in surgical technique came about as a result of Dr. Halsted's interest in Miss Caroline Hampton, the operating room nurse, and his efforts to protect her hands from the antiseptic solutions then in use. His attention had been attracted to her because he recognized in her an efficient nurse, but this interest, at first entirely platonic, developed into affection and a courtship which the entire Surgical Staff watched with interest. After a time they were married, establishing a precedent to be followed later by other members of the staff, including myself.

Mrs. Halsted was a capable person and an interesting character in her own right. Once when Dr. Halsted happened to be out of the city, she became mixed up in an accident. Those were the horse-and-buggy days, and she was fond of driving in her buggy accompanied only by her dogs, through the park and surrounding country. She prided herself on her horsemanship, both riding and driving, and was interested only in spirited horses. This time the horse she was driving became frightened at something and ran away with her, demolishing the buggy and throwing her into the street. Mrs. Halsted

was badly bruised and suffered a broken bone or two. I was called to see her and took her to the hospital and looked after her until she recovered. Having been a nurse herself, she was not the easiest patient to take care of either for the doctors or the nurses.

I wired Dr. Halsted an account of the accident, and since Mrs. Halsted had been pretty badly shocked as a result of it, I suggested that he return as soon as convenient. He wired me when he would arrive, and I met him at the station in order to relieve his mind as soon as possible. As soon as he saw me, the first and only question that he asked for some time was, "Is she dead?" I assured him she was not and that her general condition had improved greatly since I had sent my telegram. She made a prompt recovery.

Some years later Mrs. Halsted came down with an attack of acute appendicitis, for which I operated. After my previous experience with her as a patient, I knew that she very much preferred to manage her own case and do as she wished. The morning after the operation, when I called to see her, she announced, "Dr. Finney, I'm tired of this bed. It's dreadfully uncomfortable, and I'm going to get up."

Without any objections I replied, "Very well, Mrs. Halsted, if you would like to get up, just suit yourself and arrange with the nurses when you're ready." An hour or so later I came by her room just to see if she really had carried out her announced intention. Sure enough, there she was sitting up in a chair and looking as self-possessed as possible. She insisted that she was much more comfortable in the chair than in the bed; so I expressed my satisfaction.

I was just leaving the room when Dr. Halsted appeared at the door. He looked in astonishment first at Mrs. Halsted and then at me. He remarked in his characteristic fashion, "Why, Finney, you get your patients up after operation sooner than I do."

I replied, "Yes, Dr. Halsted, in the case of *certain* patients. It always depends on the patient. I knew when Mrs. Halsted said that she was going to get up, get up she would; so I felt that she might just as well get up with my permission as without it."

He laughed and remarked, "You seem to get your patients sized up pretty quickly." As a matter of fact, with the so-called "McBurney Incision," known also as the "Gridiron Incision," where the abdominal muscles are not cut across, simply split, there is no special risk in letting the patient out of bed almost at once. The wound simply heals a little quicker by keeping the patient quiet in bed.

If for some reason Dr. Halsted took a dislike to a nurse, that fact

was not long in showing itself. He was especially particular about the nurses in the operating room. He liked to pick them himself. On one occasion he had a sharp disagreement with Miss Isabel Hampton, then Superintendent of Nurses. Miss Hampton had designated a certain nurse for the operating room. Dr. Halsted did not object so much to this particular nurse as to the fact she had been appointed without consultation with him. He declined to accept her. This incident happened just before he was leaving for his summer vacation of several months. Before going, however, he sent for me and stated emphatically that Miss —— should not be the head nurse in the operating room. In reply to my question as to what alternative he would suggest, he said that he had none, that I would have to get along as best I could and make any arrangements that I saw fit, but emphasized again the fact that the nurse just appointed by Miss Hampton should not be the one.

Naturally that put me on the spot. After Dr. Halsted had left town, I went to see Miss Hampton and stated the case to her. I called attention to the fact that as Dr. Halsted's representative I had no choice in the matter but to follow out his directions. I said I was sorry, but in the circumstances I could not agree to having Miss —— officiate in the operating room. With a characteristically determined shake of her head Miss Hampton declared that it would be Miss —— or no one. Thus the interview ended. I then went to Dr. Hurd's office to tell my troubles to him as Superintendent of the Hospital and to ask if he had any suggestions. He said, "No, we had better just let things drift for the present until a satisfactory solution of the impasse is presented."

On leaving Dr. Hurd's office and while walking down the corridor, I saw approaching me "Jim" Mitchell, a first-year medical student I knew very well and of whom I had a very high opinion. He had already taken his first year in another medical school, but was repeating here because the Hopkins Medical School was just beginning. A brilliant idea struck me. As we met, I stopped and said, "Jim, I have a job for you."

"What's that?" he asked.

"Head nurse in the operating room!"

He looked as if he thought I was joking. I assured him I was not, that it was a very serious matter. I explained the situation to him and told him just what was wanted. With his knowledge of bacteriology and medical subjects generally, I told him I felt he would

be able to fill the bill satisfactorily, and as he was repeating his first year, it would not interfere greatly with his work. He demurred, saying he would be delighted to do anything he could to help, but wondered whether he really could do it satisfactorily. I insisted, and he agreed. He was an apt scholar, and it wasn't long before we had established in the operating room an excellent system with Jim in charge of the outfit. This laid the foundation for an excellent record that Mitchell subsequently made after graduation, as Interne, Assistant Resident, and ultimately as Resident Surgeon for a number of years. In all these positions he made an enviable record. After completing his term of service, he went over to Washington to settle and soon became the leading surgeon of the city.

By the time Dr. Halsted got back from his vacation, everything was running so smoothly that he was very willing to let the arrangement continue indefinitely. It wasn't long, however, before overtures came from the Superintendent of Nurses to replace the nurse in the operating room, but things were so satisfactory that it was some little time before Dr. Halsted yielded and normal conditions were finally restored.

As I have intimated, Dr. Halsted preferred to make his own decisions. I never knew him to ask advice about individual appointments or about any matter that had to do with the operation of the Surgical Department. He was a strong individualist. I did on two occasions venture to give unsolicited advice about a couple of good men who had worked in the Dispensary with me for some time and who were anxious to get appointments on the House Staff. In each case my voluntary suggestion, I won't say advice, was promptly turned down, just why I don't know, but I had the satisfaction of knowing later that my men had both been sufficiently good to develop into professorial material. One later became a Professor in the Medical School at Yale and the other at Harvard.

In the case of the second man, after he had failed to get the desired appointment at Hopkins, he had gone to Harvard and was working under Dr. Councilman. Not long after, I happened to be in Boston, and being interested in him, I asked Dr. Councilman about him. I was at once met with the question as to why it was that we didn't keep so good a man in Baltimore. I explained the situation, and Dr. Councilman, who was easily excited about a matter of that sort, inquired, "Do you mean to say that Halsted had a chance to take him and didn't do it?"

I replied, "That certainly is a fact."

He then said, "Well, when you go back, you tell Halsted for me that he's the d—est fool I ever heard of!"

I said, "Thank you! I'll deliver that message verbatim."

And I did, and I'll admit to a certain amount of satisfaction in doing it because that was at least one instance in which I felt that we had missed a great opportunity. I am sure that Dr. Halsted suspected that I was getting a little personal satisfaction out of it, because he laughed and asked, "Did Councilman send me that message just that way?"

I said, "He certainly did."

"Well," said he, "Councilman has a very forceful way of expressing himself, hasn't he?"

Dr. Halsted was an adept in making sarcastic remarks. His sarcasm was sometimes so keen and subtle that the individual toward whom it was directed did not always fully appreciate it. He had one of the best "come-backs" of anyone whom I have known. Only once have I heard him fail to get the better of his adversary in such an exchange. The victorious party on that occasion was a little red-headed, snub-nosed nurse. The circumstances were of sufficient interest to relate here.

In the early days of the Hospital Dr. Halsted was in the habit of doing most of the surgical dressings himself. Ward rounds were formal affairs. On such occasions Dr. Halsted was attended by a retinue of staff members and nurses, who stood around at respectful attention while he was making the dressing. At that time he was fond of using the so-called crinoline, or starched, bandage for his dressings. He had developed a regular technique to be followed by the nurse: first wetting the bandage, then removing all loose threads from either end by winding them on her finger before handing it to the surgeon. Otherwise the loose threads were apt to get tangled up and interfere with the application of the bandage.

This time we were all standing around watching what was going on. The nurse had gone through the prescribed formula perfectly, and had handed Dr. Halsted the moistened bandage in proper fashion, but in putting on the bandage somehow or other one or two loose threads had developed and interfered with Dr. Halsted's application of the bandage. I could see that he was becoming more and more annoyed as he proceeded, and presently, when he became hopelessly entangled in the threads, he held up the bandage so that every-

body could see it, and in very impressive fashion said, "In New York, where I was brought up surgically, a nurse would blush to hand a doctor a bandage such as this."

Quick as a flash the little nurse, with a toss of her head, exclaimed, "Ah, but we are more brazen than they!"

The effect was electrical. Dr. Halsted appeared stunned. I was standing just behind him and could see the blood mounting up to the bald spot on the top of his head until he became livid. He held the bandage for a moment or two, not knowing what to do or say, then quickly broke the loose threads and without a word finished applying the bandage as rapidly as possible. He then turned and walked out of the ward without completing his rounds. This was the only time I ever knew Dr. Halsted by word or deed to acknowledge defeat.

In an encounter of wits Dr. Halsted usually had the better of it. Once I had been called out of town, and my associate, Dr. Pancoast, had been called in the night to see a woman patient with an acute abdomen. He had not been able to make a definite diagnosis, and as she seemed to be quite ill, he sent her into the hospital. In the morning, her condition not having improved, he asked Dr. Halsted to see her in consultation with him. Neither of them was able to make a definite diagnosis, even after a careful physical examination. As I was due back shortly and the patient had asked for me originally, Dr. Pancoast decided that he would "pass the buck" to me and wait until I had seen her.

He called me up by telephone on my return and told me the situation. The patient, a middle-aged, unattractive woman (this fact is pertinent to the diagnosis), was a practical nurse. Dr. Pancoast said that her patient, whom she had nursed for some time, was a man who was a paralytic and bedridden. In answer to my questions as to her symptoms, he said she had given a history of having missed her period, and in order to bring it on again, had brewed herself a cup or two of tansey tea, and in addition had taken three compound cathartic pills before retiring. She had waked up during the night with sharp abdominal pain and diarrhea as a result of her medication, and after going to the toilet, had fainted. Then, Dr. Pancoast explained, he had been sent for and found her in a condition of shock with a tense and tender abdomen.

"What is the diagnosis?" I asked Pancoast.

"Neither Dr. Halsted nor I could satisfy ourselves as to just what was the trouble," he replied.

"Pancoast," said I, "are you as innocent as you seem, or is this all a bluff?"

"What do you mean?"

"I mean just what I say." (This, of course, was all over the telephone).

"I don't understand you."

"Well," I said, "what was her object in brewing and taking several cups of tansey tea with the three compound cathartic pills?"

"Well," said Pancoast, "I don't know."

"Why," said I, "there could be but one reason, to re-establish her menstrual flow."

"We discussed that," said Pancoast, "but could not arrive at a definite conclusion. What do you think is the diagnosis?"

"Why, of course," said I, "there can be but one diagnosis; at least that was her diagnosis."

"What is that?" asked Pancoast.

"Why, a pregnancy," said I, "probably a ruptured tubal pregnancy."

"Oh! But you haven't yet seen the patient. Wait until you see her, and you'll agree that it can't be that."

"Well, I'll have to be shown. I'll be right along."

By the time I got there the picture had changed somewhat, and the patient now showed definite evidence of hemorrhage, pallor, rapid pulse, and sighing respiration. We took her to the operating room and operated as soon as possible, and found what I had suspected, a ruptured tubal pregnancy with the abdominal cavity filled with blood.

Dr. Halsted, when told by Dr. Pancoast that I had "made a diagnosis right away over the telephone without even seeing the patient," asked in astonishment, "Did Finney do that? Make a diagnosis right off over the telephone without seeing the patient?"

"He certainly did," said Pancoast.

"Well," said Dr. Halsted, "come to think it over, after all it isn't so astonishing as it might appear. Of course, you and I, Pancoast, wouldn't be expected to know the significance of the administration of tansey tea and cathartics, but Finney, with his knowledge of the world, he would know." I might add that I don't claim any special credit for the diagnosis, it was too easy.

I was witness to Dr. Halsted's irony on many occasions. There was for a time an English cockney as an orderly in the operating room. He was stupid as an owl and as fresh as green paint. He was a particular thorn in the flesh of Dr. Halsted, so he did not last long. Once when Dr. Halsted and I were standing at adjoining basins scrubbing our hands preliminary to an operation, apropos of nothing this orderly pushed in between us and remarked, "Lord Beaconsfield died in me harms."

Dr. Halsted paused a moment in his ablutions, turned to the orderly and in the most sarcastic tone of which he was capable remarked, "*Poor* Beaconsfield!" The effect was lost entirely on the orderly, who simply interpreted Dr. Halsted's remark as sympathy for the departed and started to deliver a panegyric on the deceased Lord. Dr. Halsted, seeing that his effort had been lost, turned again and said, "Will you please get out of here and keep your mouth shut?" This remark was thoroughly understood and produced the desired result.

Dr. Halsted had at times a great idea of teasing. It didn't make any special difference who the victim was. He rather liked to try it now and then on anybody who happened to offer at the time. I once received a message in the operating room that a certain doctor from New York was at the front and wished to see Dr. Halsted. I sent word that Dr. Halsted had not arrived as yet, but was expected shortly, and to send the visitor over to the operating room. The visiting doctor I recognized by name as a well-known surgeon from New York, a former member of the teaching staff of Columbia, of which Dr. Halsted was a graduate. He was passing through Baltimore and had stopped, he told me, to pay his respects to Dr. Halsted, whom in time past, so he stated, he had had as a pupil in anatomy at the Medical School. I learned this while we were waiting for Dr. Halsted.

After a little while, as Dr. Halsted was late in arriving, I suggested that perhaps the doctor would like to take a look around the Hospital, which he had never visited before. We had started out and had just turned into one of the long hospital corridors when I saw Dr. Halsted some distance down the corridor, walking toward us. As we approached each other, I could see Dr. Halsted characteristically looking over the top of his glasses at the visitor. When we met, Dr. Halsted, who had shown no sign of recognition, nodded and kept right on. I stopped and said, "Dr. Halsted, I don't suppose

you need any introduction to Dr. ——— here, as he tells me he taught you anatomy when you were in the Medical School.”

With that bland expression with which his staff were all so familiar when he had in mind to “pull something,” Dr. Halsted looked the doctor in the face and said, “Why, Doctor, you don’t mean to say you ever taught me anything, do you?” This remark was rather a poser to the doctor, who evidently did not know quite how to take it. I spoke up quickly and said, “Oh, Doctor, you don’t know Dr. Halsted perhaps as well as we do, even though you did have him for a pupil at one time. This is one of Dr. Halsted’s jokes.” At this Dr. Halsted softened up a bit, and they were soon peacefully talking over old times.

During the last few years of Dr. Halsted’s life, he developed attacks of severe pain in the chest and abdomen, which resembled very closely those of typical angina pectoris. He would be incapacitated for days at a time so that he could not even get over to the Hospital. Occasionally he would have an attack during an operation and would be compelled to stop and have the Resident finish it for him. He was a typical doctor-patient, for during all this time he would not consult a medical man. The only doctor he would see for a good while was Dr. Welch, who never had been a clinician.

He managed to get along this way for some time, feeling sure all the time that his attacks were anginal in character and that any one might be the last, until one day after an especially severe attack he developed jaundice. As this put a new interpretation on his attacks, he finally consented to have a physician, Dr. Thomas Boggs, called in. Dr. Boggs diagnosed the trouble at once as gall stones, and since the jaundice continued with increasing intensity, Dr. Halsted finally entered the Hospital and was operated on. This happened, much to my relief, while I was off on my summer vacation. Dr. Richard Follis performed the operation and found stones in the common duct. Considerable relief was afforded for a time by this operation, but subsequently the jaundice and pain recurred, and a second operation was necessitated. This time Dr. George Heuer officiated, as I was again out of the city, and another stone was removed from the common duct. However, by this time Dr. Halsted’s resistance had been so lowered by his illness that a post-operative pneumonia developed, from the effects of which he died on September 7, 1922.

In the death of Dr. Halsted surgery lost one of its most illustrious leaders. He was a great teacher and trainer of surgeons, and the

founder of a distinct school. I feel I owe him as my chief a debt of gratitude that can never be paid. I have to thank him for whatever measure of success I may have attained in my chosen profession. He left a lasting imprint not only on the surgery of his own time, but of all time. Measured by all recognized professional standards, he was a great surgeon, but he was more than this. He was a great scientist and a great humanitarian as well. No one man possesses in his character all of the elements of greatness. Such a man would be a superman. Each individual in varying proportion has his elements of strength and weakness. Such is human nature. Dr. Halsted was only human, and like all mortals, he possessed characteristics of both. But to those who were privileged to work under him long enough to come really to know him, and to the chosen few of his intimates who were permitted to enter the inner circle of his life, he will always stand out in memory as the commanding figure that he was—teacher, investigator, master surgeon and benefactor of mankind.

Dr. Howard A. Kelly is the only surviving member of the "Big Four" of the Johns Hopkins Hospital. He is now Professor Emeritus of Gynecology in the Johns Hopkins University. I am proud to call him one of my best friends, and I look upon his friendship as one of my most prized possessions.

Dr. Kelly came to Baltimore from Philadelphia, where already, while still a young man, he had made for himself a name in his chosen specialty of gynecology; indeed, it may be truthfully said that he put that specialty on the surgical map. When asked by President Gilman to suggest someone for the Chair of Gynecology at Hopkins, Dr. Osler is said to have replied in his characteristic manner that he was "backing a dark horse for the new post, the Kensington colt." Kensington was the Hospital that Dr. Kelly had started, first as a private hospital, in Philadelphia. It has since become the well-known Kensington Hospital for Women.

Dr. Kelly was known by his own Staff generally as "The Chief," but as that title had already been pre-empted by Dr. Osler, it did not spread to the members of the other services.

As a surgeon Dr. Kelly was the despair of those who watched his extraordinary operative technique. The facility with which he used his hands and handled his instruments, the assurance with which he successfully attacked and solved hitherto unsolved surgical problems, quickly established a reputation that drew visitors to the Hospital

from all parts of this country and abroad. The skill and finesse with which he could perform the most difficult surgical procedures were astonishing. They were disheartening as well, for few could hope to equal him. He was one of the few surgeons whom I have known who could watch the clock while operating and get away with it. Ordinarily the patient suffers as a consequence of such a procedure, for the average surgeon, in his haste to beat the clock, is apt to slur over or omit some important detail of the operation. Not so with Dr. Kelly. His operations were models of skill and thoroughness as well as brevity.

His many contributions to his own specialties, gynecology, urology and abdominal surgery in general, have been epoch-making and have left for him a lasting name in the annals of surgery. During the last few years he has become much interested in radium and its use in the treatment of malignant disease, and in conjunction with his associate in his private hospital, Dr. Curtis Burnam, he has done much to standardize its use.

Dr. Kelly has been a brilliant surgeon, an enthusiastic student of nature, history and the Bible, a contributor in large measure to the sum total of human knowledge and a true benefactor of his fellow-men. I don't envy his biographer, for although he will have a subject of extraordinary interest, he will find that it is one to which it is difficult to do justice, for Dr. Kelly's interests have been many, from a love of old books to a scientific curiosity about snakes. Fortunately Dr. Kelly is still with us and actively engaged in various congenial pursuits. Long may he live to enjoy the fruits of his labors and the homage of his friends!

Another really great figure in American surgery is Dr. Rudolph Matas of New Orleans, for over thirty years Professor of Surgery in Tulane University. Now in his eightieth year he still retains his vigor of mind and body.

Dr. Matas is the possessor of a most unusual personality. In presenting to him in 1926 the Henry J. Bigelow Medal of the Boston Surgical Society, Harvey Cushing in his usual happy fashion thus characterized some of Dr. Matas's striking Latin qualities:

"Your contributions have been characterized not only by a Castilian brilliance of conception, but by a Gallic gift in exposition which we inarticulate people largely of Puritan ancestry can but envy and admire."

Personally I have cherished my acquaintance with Dr. Matas. To have been associated with him, to have come under the spell of his delightful personality, to have listened to his marvelous exposition of difficult surgical problems has been a rare privilege.

In his professional work Dr. Matas has been a pioneer in many directions, more especially perhaps in connection with surgery of the thyroid gland, surgery of the chest and abdomen, and surgery of the lymphatic system. His contribution to the knowledge of the surgical diseases peculiar to the Negro race has been epoch-making. Perhaps he is best known, however, for his contributions to the treatment of diseases of the vascular system, particularly aneurysm. But there is no branch of surgery which has not benefited from his study of the principles underlying its various phases.

Dr. Matas's work has from the beginning been characterized by his devotion to the interests of humanity. The human element has stood out prominently in all of his relations with the patient. By common consent he is recognized as the present-day Nestor of American surgery, honored and beloved by everyone who comes under his influence.

Many of my professional colleagues, men whom I have admired, with whom I have worked, and whose development and achievements I have followed with great pleasure and profit, have passed now into the great Beyond, and it is with genuine sorrow that I have watched their ranks thinning. Their contributions to their chosen specialties, to the field of medicine and to humanity at large will live on, but the loss which the profession has sustained in the death of these men is great, and my personal grief at their passing is very real.

Among these have been the Mayo brothers. One of the most interesting developments in the surgical world during my lifetime has been the establishment of the Mayo Clinic in Rochester, Minnesota. This extraordinary institution had its origin largely as the result of a cyclone, which in 1883 passed over the town of Rochester. As a result of this catastrophe, Dr. William W. Mayo, father of the Mayo brothers, seems to have conceived the idea of establishing a hospital to take care of the injured. From this beginning developed the idea of establishing a permanent hospital and clinic in Rochester. This idea was taken up very early by Dr. Will, ably seconded later by Dr. Charlie.

Thus was brought about a new development in the practice of

medicine and surgery; namely, the gathering together of a group of men well trained in the different departments of medicine, and the establishment with their aid of a clinic for the two-fold purpose of studying and treating diseases of all kinds and of giving scientific and practical training to physicians and surgeons. The Mayos have shown what can be accomplished by means of thorough organization, careful selection of capable and well-trained personnel, and unfailing perseverance in the pursuit of an ideal. No one can visit the Mayo Clinic and observe the character and extent of the work done there without being deeply impressed by what has been accomplished. To the Mayos belongs the credit for conceiving and carrying out the clinic idea with such outstanding success.

At the meetings of the various surgical societies that we surgeons used to attend, the monotony of the presentation and discussion of the scientific program was occasionally varied by the introduction of some sort of horse play. I recall that on one occasion Charlie Mayo was on the program to present a paper upon "Strawberry Gall Bladder," the name that had been given, I think, by Charlie himself to a peculiar condition of the mucous membrane lining the gall bladder. So one day before the meeting was called to order several of Charlie's friends got together and decided to raise objection to whatever he might have to say about it. After he had read his paper, one after another of us got up and gravely took serious exception to what he had reported. We didn't think that there was such a thing, in fact, that it was all imagination upon his part, that his paper had failed to convince other members of the society as to the existence of such a condition. Each one performed his part so well that we had Charlie all fussed up, and it was quite a while before he began to suspect that there was something phony about it all. We then, one after another, got up and confessed that the discussion was a put up job and manufactured just for the occasion. A motion was then made and unanimously adopted, that the entire discussion be expunged from the minutes of the meeting. Charlie took the roughing as good-naturedly as it was intended, and the incident closed with a hearty laugh from everybody. Later, Charlie sent me, as one of the ringleaders, a strawberry plant with a gall bladder about the size and shape of a ripe strawberry attached and looking very realistic, mounted in a jar of alcohol. I have it still as a pleasant memento of an amusing incident.

The Mayo brothers have always been so closely associated in their

work in the minds of their friends and associates of the profession that it is impossible to think of one without the other. In the recent death of these two distinguished brothers the world of surgery has suffered an irreparable loss. Not only did they witness in their lifetime the phenomenal development and growth of modern surgery, but they themselves contributed to it in large measure. It is too early yet to appraise at its true value the extent and character of the work accomplished by the Mayo Clinic. Suffice it to say that in their passing the world of surgery has lost two outstanding figures, whose contributions both to the science and the art of this special department of medicine have made a deep and lasting impression. Personally I feel that I have lost two colleagues whose friendship I valued greatly and whose pleasing personalities added a distinct charm to our professional gatherings, which hereafter can never be the same.

Dr. Henri A. Lafleur, who was the first Resident in Medicine in the Johns Hopkins Hospital, died not long ago. Dr. Lafleur was brought to Hopkins from Canada by Dr. Osler to be his first Resident. After a year at Hopkins, he returned to Montreal, where for nearly thirty years he was a member of the McGill University Medical Staff, and at the time of his death Professor Emeritus of Medicine. He was also President of the Medical Council of Canada. Sir William Osler, of whom Dr. Lafleur was a devoted follower and student, characterized him as "the possessor of one of the finest medical minds of any man on the Continent."

Dr. Lafleur was a Canadian born and bred, of the highest type. He had a delightful personality and made many friends wherever he went. With his associates at the Johns Hopkins Hospital, doctors, nurses and patients alike, he was very popular, and everyone who knew him while he was in Baltimore has been distressed to learn of his death. We who were associated with him in the early days of the Hopkins Hospital recall with pleasure his genial disposition, his splendid training, his excellent judgment, and his whole-hearted cooperation with the other members of the Resident Staff. He had expected to return to Hopkins for the Fiftieth Anniversary, and was to have been one of the speakers on that occasion, but he was taken ill shortly before, an illness from which he never completely recovered. His absence from the exercises was regretted by all of his old friends who were there.

As I write word has also come of the death of Dr. Harvey W. Cushing in New Haven, where he had been living since his retirement two years ago from the Sterling Professorship in Neurology, Yale University School of Medicine. After obtaining his A.B. degree at Yale and his M.D. degree at Harvard, he spent two years on the Resident Surgical Staff of the Massachusetts General Hospital in Boston. He then came to Baltimore and joined the Surgical Staff of the Johns Hopkins Hospital, where he spent four years. He was one of the most distinguished of the long line of men who received their training under Halsted in the Johns Hopkins Hospital. After his service at Hopkins, he went abroad and spent some time studying in different clinics, both on the Continent and in England. On his return to Baltimore he rapidly rose by promotion in the Surgical Department of the Johns Hopkins Hospital until he became Associate Professor of Surgery in charge of the surgery of the brain and central nervous system. In 1911 he was called to be Professor of Surgery in the Harvard Medical School and Surgeon-in-Chief to the Peter Bent Brigham Hospital in Boston, a position he held until he had reached the age of retirement in 1932. Not yet content to retire to private life, he shortly accepted appointment to the post of Professor of Neurology at Yale.

Early in his career at the Johns Hopkins Dr. Cushing became interested in the surgery of the brain and central nervous system, which he gradually developed into a specialty. He was a pioneer in this department, the founder of a school of neuro-surgery, and made many contributions of practical and scientific value to our knowledge of the subject. He was a stimulating teacher, a bold and skillful surgeon, and a trainer of men. Among his many valuable professional contributions the most notable perhaps are his work on *The Pituitary Body and Its Disorders* and his studies on brain tumors. Dr. Cushing by the character and number of his original contributions to the science and art of surgery has left a lasting imprint upon surgery.

Dr. Cushing's gifts were not confined to his profession of surgery. He was a scholar and author, not only on technical scientific subjects, but a biographer as well. *The Life of Sir William Osler*, published in 1925, received the Pulitzer Prize for the outstanding American biography of the year. In addition to all this, Colonel Cushing rendered outstanding service during the World War, first with the British forces and later as Chief of the Department of Brain and

Neuro-Surgery in the A. E. F. The publication of his War Diary also attracted wide interest. Dr. Cushing had heaped upon him innumerable honors of all kinds, professional, academic and literary, both abroad and at home.

The Medical Department of the Johns Hopkins Medical School and Hospital has recently had the great misfortune to lose in rather quick succession three of its oldest and most honored members: Dr. Frank R. Smith, Dr. Thomas B. Futcher and Dr. Thomas R. Boggs. All of them had been for years connected with the teaching staff of both Hospital and University. Each had received his training and inspiration from the revered "Chief," and was a member of Dr. Osler's devoted band of followers. All were hard workers, and each had made a place for himself in the life of the Johns Hopkins family and had contributed his full share to make the Hospital what it is and what it stands for. All three of these men were warm personal friends of mine with whom I had worked for years. The medical profession can ill afford to lose such men; they are greatly missed.

Dr. Frank R. Smith was born in England and educated at Cambridge, but studied medicine in this country. He preceded the others, having joined the Hospital staff shortly after its opening. He was a man of scholarly tastes, excellent judgment and retiring disposition, whose opinion in difficult questions was much sought after and respected. He was popular with his associates, and his patients simply adored him. All found in him a charming companion, an excellent physician and teacher, and a true friend.

Dr. Thomas B. Futcher was one of that group of splendid young men who came to us from Canada in the early days of the Johns Hopkins Hospital. I recall him as a bright-faced, rather shy and serious-minded young fellow, tall and slender in build. "Tommy" was a hard worker and greatly liked by everyone who came into contact with him, from "The Chief" down. His subsequent career as physician, investigator, teacher, consultant and friend fully justified his early promise and the high estimate placed upon his capabilities by his friends and associates on the Hospital staff. His sudden untimely death was a great shock to his family and friends, and an irreparable loss to the Johns Hopkins Medical School and Hospital and to the medical profession. Dr. Futcher was one of those rare individuals whose sober judgment could always be relied upon. He never

flew off at a tangent, but was always to be found on the right side of every question. His counsel could be trusted for its wisdom and sanity. In his own quiet and unassuming way he exerted great influence among those who knew him, especially among the students, who were greatly attracted to him by the clarity of his judgment and the comprehensiveness of his teaching. His patients were devoted to him in return for the kindness and thoughtfulness so manifest in his devotion to their interests. He was a real physician in the best sense of the term.

From my close association with Dr. Thomas R. Boggs in France during the World War, I came to know him well, and really to know "Tom" Boggs was to love him. Starting as Chief Medical Officer of Base Hospital Number Eighteen, he was promoted to the position of Chief Medical Consultant of the Air Service, A. E. F., with the rank of Colonel. I am personally indebted to him for his kind and efficient care of me when I fell a victim to the "flu" in France. I shall never forget with what solicitude he watched over me. To be ill far away from home is always trying, but in my case the discomfort and annoyances were greatly mitigated by the kindly care and ministrations of Dr. Boggs as physician and of my nurses, who took care of me in the most approved and satisfactory fashion.

Dr. Boggs was an excellent teacher and trainer of men. He absorbed a great deal of his ability from his chief, Dr. Osler, of whom he was very fond. He was a lover of books, a tireless reader, and his library contained many choice volumes. He used to say that if he ever had a bookplate, he would have it represent an old and a young ox yoked together, with the Latin motto, "From the old oxen, the young ones learn to plow." This well represented Tom's special object in life; namely, to teach young men not only to be good doctors from a scientific standpoint, but also to uphold the ethics of the profession in the very best sense. His students bear cheerful testimony to the fact that he was able to instill into them high ethical principles and an interest in research and books.

He had an old, somewhat battered stethoscope, which he always used and which he prized highly because it had been presented to him by Dr. Osler when he was making his last rounds at the Johns Hopkins Hospital with Tom by his side. After "The Chief" had finished his rounds, he turned to Tom, handed him his stethoscope and said to him, "Now carry on my work." Tom considered the stethoscope his most valued possession, and it acted as a constant

reminder of what his greatly loved chief had expected him to do.

In addition to his work as Associate Professor of Medicine in the Johns Hopkins, he was Physician-in-Chief to the Baltimore City Hospitals, where his wise forethought and untiring efforts succeeded in providing medical care of the highest order for the indigent sick of Baltimore. At one time he had thought of making research his life work, but he gave up this idea and went into clinical work. Although he wrote well, he did not write much because he always insisted that there was already too much writing about medicine, and one had better not write at all unless one had something original to communicate. Although he had a number of opportunities to accept teaching positions elsewhere, he preferred to remain in Baltimore, as he liked the atmosphere of the Johns Hopkins.

Dr. Boggs's judgment was always of the best and could be relied upon at all times. I found myself turning to him frequently for inspiration and advice, both in France and at the Johns Hopkins. To one who was fortunate enough to have been associated with him in various ways, as I was, he was a constant inspiration. Dr. Boggs was a Southern gentleman of the old school and a scholar in every sense of the terms. What higher praise can be bestowed on any man?

Another whose presence I miss is Dr. Omar Pancoast, who served as my assistant at the old Union Protestant Infirmary. His death was most untimely. He was one of the best all-around assistants that I ever had. He possessed a remarkable analytical mind. Give him a problem and a cigar (he was an inveterate smoker), and then let him smoke until he was ready to speak, and you would never fail to hear something good. I used to set great store by his opinion in doubtful cases.

Frequently I took him with me on my trips out of town to operate. He was an enormously big fellow, weighing well up to three hundred pounds. Once we had to take a sleeping car. There was only one lower berth available; he insisted that I should take that and he would take an upper, remarking at the time that he was sure that he could get a lower. When he went to the section assigned to him, the little man who happened to have the lower berth under him no sooner saw him than he insisted they exchange berths. As a matter of fact, he explained, he much preferred an upper berth because there was more air. Omar readily accommodated him and reported to me with a smile on his face.

Omar was a dear fellow. His worst enemy was his appetite. He was an enormous eater and would frequently remark after a very hearty meal that he could sit down and eat another one just like it and enjoy it just as much. He was very fond of hunting small game. Once when we were down in Alabama on a trip, he was given a rather undernourished mule to ride on the hunt. Omar had difficulty mounting. Finally he led the mule up to a stump, climbed on it, and from there mounted the mule and got astride. As he did so the old mule gave one groan and his legs collapsed under him, letting Omar down. Even after Omar had dismounted, the mule refused to get up. Another mule, better adapted for the purpose, was secured, and the hunt was completed satisfactorily.

I have certainly been most fortunate all my life in my friends, both as to their number and character. They have helped immeasurably to make life worth living. Relatives are a matter of inheritance, but friends are a matter of choice. Therefore one is responsible for his friends, but not for his relatives. It is true that as a rule blood is thicker than water; yet a great deal of the joy that life has to offer depends upon the individual's selection of his friends.

Friendships are not all alike; far from it. But there are certain basic qualities that are fundamental to the establishment of true and lasting friendships. I shall not attempt here to analyze just what forces there are that so strongly attract two individuals and bind them closely together through all the vicissitudes of life. Suffice it to say that the ability to form and to enjoy true friendship is one of the priceless gifts bestowed upon humanity by a kind Providence. He who lacks friends is indeed to be pitied. What a barren life he must lead! There is a certain so-called "talent for friendship," which some people have to a marked degree, an ability to make friends and to keep them. On the other hand there are other people, often with many valuable qualities, who make few friends and consequently lead more selfish, secluded lives.

When I recall the long list of names of those splendid men and women, both dead and alive, whom I am proud to claim as my friends, I am conscious of a pardonable feeling of pride and satisfaction that it has been permitted me to enjoy their confidence and esteem, and to profit from association with them. The list is too long to give in full, even if I were able to do so. I have already mentioned some of them, but there are many others. One of the most difficult

tasks that a man is called upon to perform is to describe accurately his best friends, particularly when they are generally known to have possessed virtues of a high order. Such is the position in which I find myself with regard to two of my very dear friends and colleagues of many years, Dr. William Sidney Thayer and Dr. George Walker, both of whom have only recently passed on.

Dr. Thayer's life and mine for a long time ran parallel to a remarkable degree. We went, as I have told, through the Harvard Medical School together and interned at the same time in the Massachusetts General Hospital, he as Resident in Medicine and I as Resident in Surgery. It was through me that he came to the Johns Hopkins Hospital, where for over forty years we labored together as colleagues on the staff of the Hospital and Medical School. We each married a nurse who was a member of the first class to graduate from the Johns Hopkins Nurses Training School. Soon after the beginning of the War, Dr. Thayer was sent on a medical mission to Russia, and I went to France with the Hopkins Hospital Unit, Base Hospital Eighteen. After finishing his commission in Russia, Dr. Thayer came back to this country and was shortly thereafter appointed Chief Consultant in Medicine to the A. E. F. and sent to France. Meanwhile I had been appointed Chief Consultant in Surgery to the A. E. F. We thereafter served together in France at the Medical Headquarters of the A. E. F. Hence it was that under varying conditions and for a long term of years Dr. Thayer and I worked together. I came to appreciate him as an able, honest, sincere and lovable man, and I am proud to have counted him as one of my best and truest friends. I think that I knew him well enough to be entitled to speak concerning him with authority, although it is difficult, indeed impossible, to speak of him at all without the use of superlatives, for he was no ordinary mortal.

My association with "Billy," as he was familiarly known to his close friends, began under very happy circumstances when I entered the Harvard Medical School in September, 1884. There I found a group of eager young men filled with enthusiasm at the idea of starting out on their life work. I was early attracted to one of them, William Sidney Thayer, a handsome, pleasant-spoken, well-mannered youth, who by his frank and friendly attitude toward his classmates was not long in securing their confidence and lasting friendship.

Even at this early date some of those charming little individual idiosyncrasies that later became a part of Billy's very life, amused and

delighted his friends and distinguished him from the common herd, had already begun to manifest themselves. He always appeared well groomed and immaculately dressed, a matter of some note among medical students in those days, perhaps even today. He was known to appear on occasion jauntily attired in cutaway coat, rather flashy tie and spats, thereby creating a mild sensation, amounting even to a demonstration, in the class room.

But the characteristics that most impressed his classmates were his absolute detestation of everything that savored of sham or pretense, his insistence on what he thought was right, and his transparent honesty in his work. This rugged, uncompromising honesty, early exhibited, manifested itself all through his life. The twin virtues of loyalty and honesty shared equally as the controlling influences in his life. They formed a large part of the rich heritage bequeathed to him by a long line of Puritan ancestors, distinguished in New England annals of Church and State since Revolutionary times. Never did cause or individual have more loyal, whole-hearted support than that so freely bestowed by Billy Thayer upon those objects he thought worthy. His friends always knew where he stood. He was incapable of dissimulation. He had definite convictions on all questions of public and professional interest and was not afraid to express them when occasion required. Always ready to defend his position, whether on the popular or the unpopular side, he was never guilty of trying to force his opinion upon anyone. He was so constituted that instinctively he felt called upon to combat the wrong that in his judgment needed resistance, as well as to defend the right that he thought needed his help, and he was equally ready to do either with all his might. When challenged, he would throw his head back and to one side, and elevate his chin with an air of determination that indicated clearly that he was ready to take on all comers.

In the Medical School Billy was a diligent student and a painstaking worker in class room, dissecting room and laboratory. He set himself studiously about his tasks until he had thoroughly mastered them. He was no slacker, nor was he a bluffer. If he did not know a thing, he did not hesitate to say so. He never sailed under false colors. So insistent was he upon the neatness of his dissections, and such scrupulous care did he bestow upon them and upon all of his other laboratory work, that his thoroughness at times irked some of his less conscientious and painstaking classmates. Work of this character, of course, did not long go unrecognized. It was no surprise,

therefore, to anyone that Billy soon ranked high in his classes and stood well in the estimation of his teachers.

Later when the appointments to the various hospitals were made, it was my great good fortune to be appointed along with Billy Thayer to the Resident Staff of the Massachusetts General Hospital. There we were thrown into intimate contact with each other, and I came really to know Billy and to love him, for no one who knew him could fail to love him. He was the best of company, full of the joy of living, fond of song and story, and in those days no mean performer in each. He added greatly to the atmosphere of good fellowship as well as that of hard work in the House Officers' quarters. As a "House Pup" Thayer exercised the same diligence and showed the same enthusiasm, or even more if possible, that he had in the Medical School. His histories were taken and his physical examinations made with the utmost care. They were models of their kind, veritable works of art, the result of lavish expenditure of physical and mental energy and burning of the midnight oil. Rarely would Billy retire at night until the work for that day had all been done. In those early days he showed that devotion to his patients' interests which made them come to regard him not only as their doctor but as their friend. This kindly interest in their welfare increased with the passing years.

At the end of his service at the Massachusetts General Hospital Billy Thayer went abroad for a year to study. As I have related, I came straight to Baltimore from the Massachusetts General Hospital without quite completing my term as Resident Surgeon. The authorities there kindly let me off soon after the Johns Hopkins Hospital opened. Dr. Henri A. Lafleur, who came down from Montreal with Dr. Osler as his Medical Resident, stayed only a year. Just before the year was up Dr. Osler met me in the Hospital corridor one day, and stopping me, inquired if I knew of any good young medical man from Harvard who could take Lafleur's place. He said that he had been looking around, but so far had been unable to find a satisfactory man. It happened that just a few days before I had received a letter from Billy Thayer saying that he had just returned from his year's study abroad and was wondering just what he would do, whether to settle in Boston or elsewhere, and inquiring whether there was anything he could find to do down at Hopkins. So I told Dr. Osler that I thought I did know of someone and mentioned Billy Thayer's name.

"Is he one of the Cambridge Thayers?" he asked.

I replied, "Yes, his father is a member of the Harvard faculty."

He then said, "Will you please write him a letter and ask him to come down here? I should like very much to see him."

I did this with great satisfaction, and Billy came down and remained as one of us. His joy and enthusiasm in his new work, new surroundings and associations knew no bounds. So eagerly did he absorb new ideas and adopt new methods that it did not take him long to become oriented and take his place as one of the leading and most popular and respected exponents of modern medicine, as exemplified in the person and teachings of Dr. Osler, his revered "Chief."

There was no more delightful companion than Billy Thayer, always cheerful and optimistic. In spite of the great sorrow that early saddened his married life (his first and only child died shortly after birth), which to most men would have been a crushing blow, Billy was able presently by sheer strength of character and will power to rise above the clouds of grief, to regain in a measure his poise and to become again his own delightful cheery self. The supreme fortitude and courage, for it took these qualities in large measure, with which, responding to the call of duty during the World War, he bade good-by to his desperately ill wife, well knowing that he would not see her again alive, and resolutely set out on the Army medical mission to Russia, showed the Spartan stuff of which he was made.

In all the years of our association, never did I hear him say an unkind word of anyone or know him to do an unkind deed, and there were many times when ample provocation was not lacking. He had a keen sense of humor, which stood him in good stead in many a trying situation. Nobody enjoyed or appreciated a joke more than he, especially when it was at his own expense. Billy was one of those who have certain little personal habits and idiosyncrasies, and these added greatly to his charm and helped to make him the lovable fellow that he was. It is curious the effect that habit formation will have on one's ordinary living. Of course, the expression "a slave to one's habits" is common. Some habits, it goes without saying, are harmful. Others are harmless and simply go to form individual idiosyncrasies that make a man more interesting to his friends. Such was the case with Billy. One of his habits was that of appearing invariably with a flower in his buttonhole. Billy without his flower would have been like Al Smith without his brown derby or Neville Chamberlain without his umbrella.

I was called once in the middle of the night to see a friend and patient of mine who had a pain in his stomach. The patient was also a friend and former patient of Billy Thayer's. As it was evident that the patient had all the symptoms of an acute appendicitis, I advised his removal to the hospital at once to get the appendix out. He didn't object to this at all, but asked if I would mind asking Billy Thayer to see him before he went to the hospital. It was an inconvenient hour, of course, but doctors get accustomed to that; so I called Billy and asked him to come over. He obligingly said that he would come as soon as he could get dressed.

The patient's brother, also a doctor, and the family physician were present. In order to pass away the time while waiting for Billy, I said I would offer a wager that when he arrived, which would be at about three o'clock in the morning, he would have a flower in his buttonhole. Right away my wager was accepted. Then I said I would go a little further and wager that the flower would be a carnation. That was also taken up quickly. Then I said I would go one step further and wager that the color of the carnation would be pink. Again there were plenty of takers. I had known Billy well for so many years that I knew that he would be sure to be wearing some flower, whatever the hour was. I had happened to notice the day before that he had a yellow rose in his buttonhole. I knew that he would have another flower of another color for the next day. I therefore named the carnation as most probable at that time of the year and pink as the color most likely to succeed the yellow of the rose.

Of course, great interest was manifested on Billy's arrival. When he came into the room, he was greeted with applause, much to his astonishment, for in his buttonhole was a pink carnation. I went up to him, put my arm around him and told him that we had been together for many years, that he had never failed me yet, and that I was delighted to see that he had backed me up this time. Then I told him what all the excitement was about. He was as much amused over the bet as the rest of us. The patient meanwhile had been so interested in the question of the flower that he had almost forgotten his troubles. After examination, Billy agreed with the diagnosis and the treatment, and we all adjourned to the hospital, where the appendix was removed with an excellent result.

Thus far I have referred more particularly to Dr. Thayer the man, for whom all who really knew him must feel enthusiasm, a great noble soul, blind to others' faults and frailties, seeing only the

good in everyone, always kind, helpful, generous, unselfish and lovable, the ideal doctor because so intensely human. But there were other sides to Billy Thayer. Someone has said of him, "Physician he was always, gentleman always, poet always, soldier he was when need arose."

He was a poet of no mean ability. Some of his poems are truly beautiful and show remarkable talent. I have included only two of them here: "To —— With A Sapphire," which I am sure refers to his wife, whose death was a great sorrow to him; and "Osler," to whom he was deeply devoted.

To —— With a Sapphire

*The modest luster which this little stone
Steals from the skies,
Is pale beside the dazzling glow that pours
From out your eyes;*

*E'en as the rays which from those crystal gates
My senses blind,
Are a poor index of the hidden wealth
That lies behind.*

*So as the flower borrows from the sun
Its fairest hue,
This crystal fragment craving richer charms,
Turns now to you.*

Osler

*An eye whose magic wakes the hidden springs
Of slumbering fancy in the weary mind.
A tongue that dances with the ready word
That like an arrow, seeks its chosen goal,
And piercing all the barriers of care,
Opens the way to warming rays of hope.
A presence like the freshening breeze that as
It passes, sweeps the poisoned cloud aside.
An ear that 'mid the discords of the day,
Swings to the basic harmonies of life.*

*A heart whose alchemy transforms the dross
Of dull suspicion to the gold of love.
A spirit like the fragrance of some flower
That lingers round the spot that this has graced,
To tell us that although the rose be plucked
And spread its perfume throughout distant halls,
The vestige of its sweetness quickens still
The conscience of the precinct where it bloomed.*

Thayer had the military title of Brigadier-General in the United States Army Medical Reserve Corps and was Chief Medical Consultant in the A. E. F. during the World War, and was decorated for distinguished services. He held many degrees, professional and otherwise, conferred upon him by universities and learned societies in this country and abroad, and at the time of his death was Professor Emeritus of Medicine of the Johns Hopkins University.

There was great diversity in his professional achievements. As a diagnostician his ability was well recognized, and he ran a close second to his distinguished chief, Dr. Osler. Thayer placed great dependence on his powers of observation, which were remarkably acute; indeed, he relied more upon them than he did upon laboratory tests. One reason for this was because of his close attention to detail and the thoroughness of his physical examinations. His remarkable insight, his analytical mind, which enabled him to pick out the significant points in a patient's clinical history, and the accuracy with which he could piece them together, accounted for his ability to diagnose a difficult clinical case. He was a great clinician and teacher of clinical medicine. His many contributions to scientific medicine are too well known to be enumerated here. His name will always stand high in the annals of American medicine. But above all he was a great physician in the most profound sense of the term, respected and honored wherever modern medicine is understood and practiced, and greatly beloved by all of his patients because of his devotion to their interests, which dominated his every thought and action.

Dr. George Walker, "Marse George," as he was affectionately known among his close friends, was altogether the most interesting personality it has been my privilege to know intimately. There have been others of my acquaintance who in certain individual respects may have surpassed him, but none who in all around excellence of

qualities of head and heart quite equaled him. The son of a doctor, he was born and bred in South Carolina, steeped in all the traditions of that fine old state and proud of it. He was a Southern gentleman of the old school.

George Walker received his A.B. degree from the University of South Carolina and his M.D. degree from the University of Maryland, where he and the late Dr. J. Whitridge Williams as classmates tied for the highest honors. After graduation, Dr. Walker returned to South Carolina without hospital training, and went into private practice, in which he did very well. However, after several years of this he came to the conclusion that he did not know enough and decided to get more training. He had heard much about the Johns Hopkins Hospital (which had just opened) in connection with the introduction of the newer methods in surgery, and he applied for a position on its staff. It shows the stuff of which he was made that he was willing to leave a flourishing general practice, once he had satisfied himself that he did not know enough and that he was capable of better things than a country practice offered, and set forth once more to study in new and strange surroundings.

When Dr. Walker first arrived in Baltimore from the South, he was a diamond in the rough in both dress and speech, but a diamond of the first water, needing only the necessary polish to disclose its true worth. Those who really came to know him were impressed with his worth and ability right from the start, but others who didn't know him well didn't understand him. I recall very well our first meeting. He was tall and thin, a bit careless in his dress, spoke with a marked Southern accent and frequently murdered the King's English. Because of these handicaps he had trouble in getting himself established. However, he persevered, and it was not long before he was recognized as a person of more than ordinary ability.

He worked with me for a long time in the Surgical Dispensary. There I came to know and to appreciate him. As surgery always appealed to him, he applied himself to it as a specialty with enthusiasm and great success. One very hot day I happened to enter the operating room while Walker was in the midst of an operation involving an extensive dissection of the neck, in which the great vessels, carotid artery, jugular vein, etc., were widely exposed. As I walked up to the operating table, "Marse George" looked up and saw me. The beads of perspiration were standing out on his forehead, and a nurse was standing behind him with a towel ready to mop his

brow every so often. He looked a bit worried. As he saw me, he said, "Dr. Finney, I don't know whether it's the weather or them veins, but I sure am sweating." Any surgeon will appreciate the full significance of Dr. Walker's remark, because not infrequently when one gets mixed up with vital anatomical structures such as the great veins and arteries, one is apt to be impressed with the stimulating effect that it has upon the sweat glands, entirely independently of what the thermometer may register at the time.

Often I took Dr. Walker with me when I went to operate upon a patient in a private home. He made a most satisfactory assistant in every way except for one thing, his ungrammatical use of the English language. Once we had gone to Washington to operate in the home of a certain Senator from New England, whose family were highly educated, and to whom naturally ungrammatical expressions were rather repulsive. In the course of preparation for the operation Dr. Walker had occasion to converse with certain members of the family, one of whom in particular I noticed lifted her eyebrows and assumed a surprised and pained expression when she heard Dr. Walker use some of his pet phrases, such as, "I seen it," "I done it," and the like. I made up my mind then and there that something would have to be done about this; so on the train on the way back to Baltimore I said to him, "Walker, I want to speak to you about a personal matter, and I hope you will take what I say in the same spirit in which it is intended, for your own special good." I then related the circumstances as I had observed them.

He took it in the nicest way and said, "Yes, I know I use those expressions at times, but I use them without thinking. I know better. It is a habit I acquired from talking to Negroes and uneducated whites at home down in South Carolina." He thanked me for bringing the matter to his attention and insisted that if I ever again heard him use an ungrammatical expression, no matter who was present or what the circumstances were, I should please stop him at once and call it to his attention. I told him that I would not do that, but would call his attention to it afterwards. He thanked me, and the incident was closed. From that day on, never for the rest of his life did I ever hear him make use of an ungrammatical expression.

While Dr. Walker was working with me in the Surgical Dispensary, he was seriously debating just what he would do in the way of a specialty, so he went to see Dr. Halsted about it. Dr. Halsted was one of those who did not appreciate Dr. Walker in his early

years at Hopkins. Dr. Halsted received him rather coolly, so Dr. Walker thought. When he had explained his object in coming, Dr. Halsted asked him a question or two and then said, "Why don't you take up piles? That is a very common complaint, and work in that field doesn't require very much ability and those who specialize in it seem to flourish."

That was a little too much for Dr. Walker; so he cut his visit short. When he came to me to report, I found him much incensed. "He told me to take up piles as a specialty," said Dr. Walker. "I'll make him eat those words!" And he did. In later years Dr. Halsted was generous in his praise of what Dr. Walker had accomplished.

From the time of his entrance into Hopkins Dr. Walker's progress was uninterrupted. He became interested in tuberculosis of the genito-urinary tract, kidney, and bladder, and found out much about tuberculosis of the kidney; indeed, he was a pioneer in his work in this field. He also became interested in special research in cancer. He developed a laboratory of his own in a private house which he had rented for the purpose, and there he worked on his problems both early and late. He made valuable contributions to our knowledge of both tuberculosis and cancer. His interest in human welfare finally led him into the wider field of the proper care and hospitalization of the indigent sick. As a member of the Board of City Charities, what he was able to accomplish for the poor of the City of Baltimore was monumental in scope. In other than professional matters he was extraordinarily well informed. He was a great student, an omniverous reader, a clear thinker, and although not a voluminous writer, what he wrote always commanded respect.

Dr. Walker possessed in large measure the cardinal virtues of loyalty, honesty, courage and humanity, combined with a keen sense of humor. There was nothing of sham or pretense about "Marse George." He had no vices that his best friends could ever discover. To some he may have appeared eccentric, but this was more apparent than real. His rather original methods of thought and action gave this impression to those who did not know him well. Those who really knew and understood him could not but admire and love him.

Although "Marse George" never married, he had had a number of "affaires du coeur." It was related that early in his career he had become engaged to a young woman, but shortly before they were to have been married, she had broken the engagement and married

another man, who had died after a few years, leaving her little or nothing with which to support herself and several small children. Hearing of her troubles, Dr. Walker contributed materially to the support and education of the children. I can readily believe that, since he had evidently cared enough for her to want to marry her, he would be willing to help support her children, but I am equally sure that he would see to it that, having done him a wrong once, she would never have the chance to repeat it.

One day "Marse George" appeared at the Hospital with a very black eye. He seemed averse to discussing its origin, but by dint of perseverance on my part, the story came out. A young woman from his home town in South Carolina had come to Baltimore to study music. Since her family and his had been old friends, he had been asked to look out for her, a stranger in the city. He had secured room and board for her in the same house where he himself boarded, and so kept in fairly close touch with her. Presently a certain young man, whom Dr. Walker knew slightly, but didn't think much of, became interested and began to pay the girl rather marked attention, which worried Dr. Walker not a little. One night on coming in from a late professional call, he thought that he heard a noise in the sitting room, the door of which was ajar. He pushed open the door, and sitting there in the dark were his young lady protégée and the young man. Dr. Walker spoke to the youth rather sharply. This led to some words, the outcome of which was that the young man struck Dr. Walker in the eye with his fist, and knocked him down and temporarily out. Mutual explanations were then offered, and the incident was satisfactorily closed, but "Marse George" wore a first-class "shiner" for some time thereafter. He readily acknowledged that the young man was too much for him and that he would go slower the next time in making a fool of himself, as he expressed it.

Dr. Walker as a Southerner was always interested in stories that illustrated the characteristic philosophy of the colored people. He had a fund of excellent ones always on tap. One that always afforded him a great deal of amusement had to do with himself. Once, while visiting his home town in South Carolina, he learned that Sam, with whom he used to play as a boy and of whom he was very fond, had recently had a lawsuit with a certain widow lady. The merits of the case he had not heard. When next he saw Sam, he said, "Sam, come here. What's this I hear about your having a lawsuit with Widow

Jones and your having lost it? I didn't expect to hear anything like that about you. Tell me about it."

Sam replied, "Well, Marse George, it was like dis. Widow Jones, she done own de lan', an' she didn' have nobody to fahm it fuh hah; so she done ast me if I'd fahm it fuh hah on shares, and den we'd divide de craps after day was done hahvested, accordin' to what's right. Dat was de 'greement. We didn't have nothin' in writin' at all. Well, ah done fahm de lan' and done riz a good crap, even if ah does say so, and when we come to divide, we jest couldn' 'gree on what was right, so aftah fussin' aroun' fo' a while, she done took it into co't, an' de Jedge, he done sided agin' me. Now de whole pint in de case, Marse George, wuz jest dis—"what de hell is right?"

Dr. Walker was always very public spirited. Some people are academically interested in a good many things, but their interest does not go to the point of causing them to inconvenience themselves in improving existing conditions; not so with George Walker. If he saw anything that was in his opinion obviously wrong and capable of being righted, at once he would interest himself in taking the necessary steps to bring this about. So it was that he always had many irons in the fire at once, but he had the curious and most unusual faculty of being able to keep them all hot. He could turn from one to the other and be ready to take it up where he had left it off some time before.

When the World War broke out, he was impressed at once with the probability that before the War was over the need for the then-new drug for use in the treatment of syphilis, which had recently been introduced and was known at that time as "No. 606," would become pressing. He looked into the matter and discovered that the manufacture and sale of the drug was controlled in this country by one or two firms, who were selling it at what he considered an exorbitant price. He therefore brought these facts to the attention of Congress, and as a result a Senatorial investigating committee was appointed to look into the matter.

The day was set for the meeting of the Committee before which Dr. Walker was to appear to testify as to the facts that he had learned. Several of his friends, of whom I was one, went along to back him up. At the investigation Dr. Walker gave his testimony in a very effective manner. A representative of the drug firm was also called to the stand, and in his testimony he reflected, so Dr. Walker thought at least, upon the truthfulness of his testimony. Just at this

juncture there was a halt of a few minutes called in the proceedings because of a temporary adjournment of the Committee. During this period those present mingled freely on the floor of the Committee room. I noticed Dr. Walker and the representative of the drug firm holding an animated conversation. Knowing Dr. Walker as I did, I could see at once that he was quite agitated, and fearing that the argument might come to blows, I hurried across the room to see just what was going on and to prevent if possible the threatened collision. However, I was just too late. Before I could reach them, Dr. Walker had hit the drug firm representative a terrific blow in the face and had knocked him on the flat of his back.

I caught hold of Dr. Walker, drew him away and said, "You mustn't do anything like this. It will have an unfavorable effect on your case."

Dr. Walker turned to me and said quietly, "That man called me a liar. Nobody can do that and get away with it."

I had noticed that the Chairman of the Senatorial Committee, Senator James of Kentucky, was still sitting in his chair at the table and had probably observed the incident. I led Dr. Walker over to where he was sitting and said, "Senator, I want to apologize for my friend, Dr. Walker here, for the disturbance created just now over in the other part of the room. I know you are a Southerner coming from Kentucky. As Dr. Walker comes from South Carolina, you and he speak the same language and I am sure understand each other. Dr. Walker has been under great strain of late, as he and I are about to start for France as members of the Base Hospital going over with the First Division of American troops. He will tell you that the gentleman he struck had called him a liar, and you know that doesn't go in South Carolina."

The Senator smiled and said, "It served the other fellow right. He got what was coming to him." That ended the interview, and I was much relieved. I might add that Dr. Walker won his case.

Dr. Walker was a real friend in prosperity or in adversity, and he could always be depended upon in all circumstances. When the time came to go to France, Dr. Walker went over with our Johns Hopkins Hospital Unit as Adjutant. When we arrived, he at once assumed the position of my bodyguard, so much so that he would hardly let me get out of his sight, afraid that something might happen to me. My position as Director was more in name than anything else, and we were naturally thrown together pretty closely. His devotion to

me and to my interests was really touching to see. It was a little embarrassing sometimes, but knowing as I did the sentiment that lay behind it and having a fairly well-developed sense of humor, I managed to get along with him splendidly. Elsewhere in speaking of some of the experiences of Base Hospital Eighteen in France I have related one of the most characteristic incidents of Dr. Walker's whole career, when he had determined to shoot the Commanding Officer in order to save the morale of the Unit, and how the disaster was averted only by the appointment of a new and more co-operative Commanding Officer.

After a time the fortunes of war greatly disturbed the personnel of our Unit and scattered many of us to different parts of France in responsible positions of one sort or another. Dr. Walker was assigned to the Genito-urinary Department of the Army, which had to do largely with the control of venereal diseases. Dr. Hugh H. Young was chief of this Department, and working with him Dr. Walker was able to accomplish much in control of this unfortunate condition, so devastating to the morale and efficiency of the Army. The work that he did, especially among the colored troops, was outstanding.

One of the nicest things that has ever happened to me was a dinner given me by Dr. Walker. The occasion was very unusual. In some curious way, characteristic of friendship, he conceived the idea that Kipling's poem, "If," applied with particular force to me personally. Then he developed the idea that if he could only get Mr. Kipling to autograph a copy of "If," he would give me a dinner and invite a lot of my friends when he presented it. The question was how this was to be accomplished. Knowing, as Dr. Walker did, of Mr. Kipling's reputation for irascibility and his special antipathy for Americans, which was said to date back to some unpleasant experiences he had had in New England in years gone by, he realized that it was going to be a difficult matter.

In thinking over the best point of attack, it occurred to Dr. Walker that Lord Berkeley Moynihan, one of the outstanding English surgeons and a friend of both of us, might be able to help, so he cabled Lord Moynihan and wrote him a letter, stating what he had in mind and asking him if he would care to use his good offices in bringing about an interview with Mr. Kipling. A favorable answer was received to the effect that Mr. Kipling would sign the copy of the poem. Lord Moynihan added that nothing should be said about

the matter and that it should be regarded as a unique concession, lest someone might in the future make a similar request.

Dr. Walker then had the poem beautifully engraved on parchment with an illuminated border. He bought a new gold pen to be used only for this single Kipling signature. He also provided a small bottle of indelible ink and a copper case in which to keep the parchment. On receipt of a cablegram from Lord Moynihan that all arrangements had been made, he sailed at once for Southampton. Dr. Walker's account of this trip was very amusing. One incident occurred on his arrival at the English port. Carrying out Lord Moynihan's injunction for secrecy, when Dr. Walker was asked by the government officials who boarded the steamer whether his trip was for business or pleasure, he replied, "Neither!" The official said that that answer was not satisfactory and insisted on knowing the object of the visit. Dr. Walker then told him.

The official replied, "So you're to get Mr. Kipling to sign something for an American he has never seen before?" Dr. Walker replied in the affirmative. Then said the official, "I'd call that hard work." Dr. Walker's experiences in securing the signature convinced him that the official had spoken truly.

First Dr. Walker found it impossible to locate Mr. Kipling's whereabouts; so he drove out to his country place some forty miles from London. There he interviewed an elderly maid and another woman who said that she was Mr. Kipling's secretary. After great pressure, the secretary said that if Dr. Walker would go back to his London hotel, she would write to Mr. Kipling and let him know his answer. That was as far as Dr. Walker could get. He then went back to the cab in which he had driven out from London and inquired of the English driver, who appeared very stolid and impassive, "Would you understand what I meant if I should tell you that I'm in a hell of a fix?"

"Not exactly, sir," said the driver, "but I'd have an idea."

Dr. Walker returned to his London hotel and communicated by telephone with Lord Moynihan's home, only to learn from his secretary that he had gone on a winter cruise and was then somewhere on the ocean. The secretary added that she knew nothing whatever about any correspondence of Lord Moynihan's with either Mr. Kipling or Dr. Walker, but suggested that possibly his London office might be able to give some information. Dr. Walker then tried the London

office. After several rebuffs, he finally gave up in despair and went back to his hotel.

He arrived there just in time to hear his name being paged. The hotel clerk told him that a message had been received that "Lord Moynihan had called Dr. Walker to say that he was at Brown's Hotel, and if Dr. Walker would send the document, Lord Moynihan would sign and return it." This did not make sense, but realizing that the message must mean something, he took the parchment, pen, and ink, and hurried to Brown's Hotel. There an impassive clerk told him that Lord Moynihan was not there and had not been there, nor, in answer to Dr. Walker's query, had Mr. Kipling. Dr. Walker then informed the clerk of the message that had brought him to Brown's Hotel.

"Ah, in that case," said the clerk, softening slightly, "we shall see."

Presently Dr. Walker received word that the parchment was to be sent by a bell boy to a certain room. This was done along with the pen and ink. In a few minutes the boy returned with the parchment signed in the unmistakable Kipling hand. "I watched him sign it, just as you told me, sir, and he used the pen and ink to do it," the boy told Dr. Walker.

This was Kipling's curious way of sending the message to Dr. Walker, which he alone was supposed to understand. This happened on Saturday, January 11, 1936. On the next day, January 12, a gastric ulcer, from which Mr. Kipling had suffered for some time, perforated, and he was taken to the hospital, operated upon and died a few days later. The parchment must bear therefore one of the last, possibly the very last, of Kipling's signatures.

Dr. Walker, having accomplished his difficult task, took the next boat for home. On his return voyage he was taken ill with the malady from which he died some months later. His condition was such that he was unable to attend the dinner given to me, for which arrangements had been made before he left for England. About thirty of my special friends were present at the dinner, which was greatly enjoyed by all of us except for the shadows cast over it by Dr. Walker's tragic illness and Mr. Kipling's untimely death. The parchment bearing Kipling's signature was signed by all those present at the dinner, thirty in number. Needless to say, it forms one of my most treasured possessions.

Dr. Walker's tremendous interest in the cause and treatment of

cancer was probably stimulated by the fact that several members of his immediate family had been victims of this dreadful malady, and it was the cause of his own death. He and I had many times discussed the disease, its possible causes and the best method of treatment. During these discussions it became evident that, in view of his own family history, Dr. Walker had developed the conviction that he himself would some day fall a victim to cancer—one of those curious premonitions which one meets with every now and then in the course of one's surgical experience.

Because of this interest, which was very personal with him, he left in his will a considerable sum of money to establish a foundation for the study of the causes and treatment of cancer. He talked with me about this many times. He insisted upon calling it after me alone, but I declined to accede wholly to this request. I urged him to have his own name attached to it. He would not hear of it. He then inquired if I would be willing to have the fund known as the Finney-Howell Cancer Research Foundation. Since I could not prevail upon him to use his own name, I finally agreed after consulting with Dr. William H. Howell, with whose name I or anyone else could well feel proud to be associated. Dr. Howell was a great friend of Dr. Walker, who had admired him greatly, both personally and for the extent and character of the scientific work which he had done, and is still doing, throughout a long lifetime.

Hence it was that the fund was established under the joint name of the Finney-Howell Foundation and has since been instrumental in providing for a number of active investigators in this field. What a delightful thing it would be if in some way Dr. Walker's legacy could be the means of adding materially to our knowledge as to the causes and control of this dreadful scourge of humanity!

XIV. THE MEDICAL WORLD

GOOD HEALTH is of prime importance in the promotion of human happiness and welfare. With it, other things being equal, one is at once in a position, by the vigorous exercise of his faculties and the proper use of the opportunities at hand, to accomplish his life work with credit to himself and with satisfaction to all concerned. Without it, except in rare instances, one is seriously handicapped. Medical research is one of the most potent factors in a better understanding of the basic principles underlying good health. As long as the human mind is hedged about as it is with so many limitations, it will never be satisfied to leave things as they are. Man is a restless animal, ever seeking to decrease his ignorance and to increase his knowledge in order to devise new means of improving the health and happiness of human kind and of making this a better world in which to live and bring up his children.

As I look back over the more than fifty years of my active professional life, I am impressed with the many epoch-making advances that have taken place during that time. The last half-century has witnessed the most marvelous activity in every branch of science, especially medicine and surgery. It is safe to say that more progress has been made in this period than during all the preceding centuries put together. This progress in turn has been made possible largely by the extensive use of the experimental method.

For centuries medical men were dependent almost entirely upon their senses for the observation of clinical phenomena, such as pain, tenderness, swelling, fever and other symptoms which ordinarily accompany illness, from which to draw their conclusions as to the nature and progress of disease. This was necessarily a slow and uncertain process because of Nature's vagaries in the clinical picture of different diseases and the varying phenomena presented at times by

the same disease. Furthermore, the observations and interpretations of these men were so warped by the ignorance and superstition prevalent at the time as to render them still more unreliable. In course of time, however, the so-called "experimental" method was evolved. Then it was found possible to inoculate animals with certain diseases to which they were susceptible, to observe their course under normal conditions and to study the changes resulting when these conditions were varied. Later on the medical man and the scientist working together were able to devise such instruments of precision as the microscope, the thermometer, the stethoscope, and the blood pressure apparatus, which have rendered aid both in the accurate observation and in the measurement of the phenomena observed.

The same year that I entered the Harvard Medical School, 1884, the term "bacteriology" first came into general use. While it is true that the existence of certain minute forms of vegetable life had been known for some time before this, they had not yet been studied sufficiently to be classified into a science. The discovery of the causal relationship of bacteria to many diseases is one of the most important discoveries in pathology. Some authors even go so far as to claim that it is the most important discovery ever made in any department of medicine, since a large part of our modern surgery and many of the advances in medicine are dependent upon its revelations. With the rise and development of this science, the names of those illustrious pioneer investigators, Pasteur, Lister and Koch, among other lesser lights, must always be associated. All honor to them!

But to Pasteur belongs the greatest credit for early proving conclusively by his observations and experiments that fermentation was due in all cases to presence and action of living organisms, thus effectually disproving the theory of spontaneous generation then in vogue. These discoveries led him to the belief that diseases of human beings, like diseases in beer and wine, in which he had been especially interested, were probably due to similar microscopic germs floating in the air. The confirmation of this idea proved of priceless value to the human race, indeed to all animal life. It was at once taken up and developed by Lister, in spite of all manner of opposition, ridicule and abuse from members of his own profession, and was used by him to revolutionize the practice of surgery. From the very beginning of his epoch-making work in antiseptic surgery, Lister gave full credit to Pasteur for having laid the foundation upon which

he was building and in which he found the explanation of his own observations.

From these beginnings we have the development of modern surgery and the countless blessings it has brought to suffering humanity. Antiseptic and later aseptic surgery, the direct outgrowth of the discoveries of these two brilliant pioneers, as has been well said, "produced the greatest revolution in the entire history of surgery." Just what the term "modern surgery" implies none but the surgeon fully trained in it can at all comprehend. Indeed to appreciate just what a boon it is, one must go back to the pre-antiseptic era, to the days when practically every wound, accidental or otherwise, became infected and suppurated, and many went on to the development of septicaemia or tetanus and death; when every wound was drained, and there was practically no such thing as healing without the formation of pus; when it was customary to differentiate between the different types of pus, and the term "laudable pus" was in common use; when hospitals were veritable pest houses; and when the practice of surgery was limited to a few operations of necessity, with practically none of choice. Compare that state of affairs with conditions as they exist today in any well-regulated hospital. Infection and suppuration in operative wounds have been reduced to a minimum; in a well-ordered surgical clinic they are almost unknown, and whenever they do occur, it means a break somewhere in the surgical technique for which someone is responsible. The mortality from surgical operations "per se" is practically nil. What mortality there is, and there always will be some, is usually due to the disease for which the operation is done, to some intercurrent affection, such as post-operative pneumonia, or to the condition of the patient at the time of the operation, rather than to the operation itself.

I began my surgical career just at the time when antiseptic surgery was in the process of development; indeed, in many quarters it had not yet been introduced into general practice, and aseptic surgery had not as yet been born. To have lived through this period of the greatest development in the history of surgery; to have watched antiseptic surgery progress through various stages into the aseptic surgery of today, and thus to be able by personal observation to compare the actual results of each; to have had a share, if only an infinitesimal one, in this development has been a thrilling experience. I have been able to observe and follow the gradual control or elimination of one disease after another through the efforts of research

workers, who first found out by scientific study and experiment the causes, and thus were in a position to apply the appropriate remedies or to prevent the occurrence altogether. Many diseases which formerly were common and of high mortality rate, such as typhoid fever, diphtheria, tetanus, malaria, smallpox, yellow fever, are now well under control. A few have been eliminated entirely, such as hospital gangrene, which was very prevalent during the Civil War. In the case of many others we either know their cause and how to prevent them or have information enough about them to treat them successfully when they do occur. A few, chief of which is cancer, are not yet always amenable to treatment, largely because the cause has not as yet been discovered. There is, however, reason to hope that the intensive study of this dread disease which is now being made will ultimately yield results.

Fortunately many of the horrors of pre-antiseptic surgery have been done away with by modern surgical methods. I still shudder whenever I think of the cases of diphtheria in struggling, choking children on whom I have had to do a tracheotomy (make an opening in the windpipe and insert a tube) in order to prevent the child from suffocating from the diphtheritic membrane that filled the throat. The operations were almost always done in the child's home and at night, because that was the time when the symptoms were always most aggravated, usually by lamp light, with poor assistants, mother or nurse, or none at all. The child was usually so asphyxiated already that one hardly dared to give an anesthetic; hence the child struggled and screamed, and the additional congestion brought on by this added exertion, together with the already existing asphyxiation, rendered the bleeding from the greatly dilated veins both troublesome and a source of added danger.

Many were the times when I began the operation not knowing whether or not I should have a living patient at the end of it. But the attempt had to be made, as it was the only chance to save the child's life, and it had to be done quickly. Since the time element was of such great importance, the utmost speed consistent with safety was necessary. Why we didn't all contract the disease ourselves I could never understand, for invariably at the end of the operation on a struggling, choking, coughing, spitting, screaming child, we were pretty well spattered, face, hair and clothing, with diphtheritic membrane, blood and saliva, for be it remembered that this was before the days of gowns, caps and masks.

It was in 1883 that Klebs, and later Loeffler, discovered the germ that causes diphtheria, and it was not until more than a decade later that, as a result of the research of Behring and Kitasato, an antitoxin was developed which, promptly used, is both preventive and curative.

Gradually, step by step, thanks to the perseverance of the more enlightened members of the profession, the science of medicine has, by slow and at times painful stages, finally reached the proud position which it now occupies with great credit to itself and everlasting benefit to mankind. Suffering humanity may well thank those devoted men whose researches are responsible for ridding it of so many deadly pests. The warfare waged by research against the ravages of disease has been so far successful, and there is abundant reason to believe that it will continue to be until the last remaining enemy has been overcome. Small wonder then that the medical profession as a whole waxes enthusiastic when it contemplates what has been accomplished during the span of a single lifetime. What a commentary on human nature it is that while such extraordinary success has attended the efforts of those engaged in saving life, at the same time the ill-directed efforts of those engaged in perfecting and in using death-dealing instruments of all kinds are being attended by a large measure of success in the present war! What an indictment against present-day civilization that it is possible in this day and generation for the world to find itself in such a chaotic state, largely because of the "delusions of grandeur" of certain misguided individuals, aided and abetted by the greed of lawless dictators!

I should not feel that I had been true to my convictions if I did not make clear my position as to the part that religion should play in the practice of medicine and surgery in general. It is not necessary to parade in public one's religious beliefs or practices. Such smug exhibitions simply defeat the purpose for which they are intended. It is related of a well-known Princeton theologian that on one occasion he happened to be present at an old-fashioned experience meeting. Not having taken any part therein, he was presently called upon by the leader to relate his experiences. He replied that he had had "none to brag about."

No, it is not necessary for a doctor to try in any way to force his religious beliefs or practices upon his patients; indeed it would be quite out of place. All that is necessary is that he himself should quietly live his religion in his daily professional life and be ready,

when occasion arises, to speak a word of encouragement to some sick and discouraged soul in need of spiritual as well as physical help. The doctor who holds this point of view will not lack opportunities to put his religion into actual practice. Every true physician or surgeon knows that in the course of ministering to the bodily ills of his patients, occasions arise from time to time where the needs of the soul are even more pressing than those of the body, or where at least the one can not be satisfactorily treated without due regard for the other. It is in just such cases as these that a kindly word spoken in season by the understanding doctor will bring more relief to a distressed mind or body than pill, potion, knife or elaborate scientific psycho-analysis.

A really human doctor, one who is thoroughly interested in his patients and understands the weakness as well as the strength of human nature, is in a position to do his patient more good than even the minister, for to the doctor alone oftentimes are revealed the innermost secrets of the soul. If the doctor is the right sort, he may do for the patient what nobody else can do. The doctor who is interested only in the physical well-being of his patient will often fail to take advantage of the opportunity to do him the maximum amount of good. Religion and medicine should go hand in hand.

As a doctor myself, I am well aware of the attitude of cynicism and doubt, even active hostility, toward religion that unfortunately exists in the minds of many medical men. This has given rise to the prevailing impression that doctors and scientists as a class are irreligious. But a study of the facts will show that this seeming indifference on the part of the medical profession, or of scientists in general, is by no means universal. The names of many, both living and dead, who stand high in the annals of pure science and scientific medicine, may be found enrolled as humble, devout followers of the Great Physician. Exhorted by the teachings of Hippocrates, the Father of Medicine, to fit ourselves in every way to render the highest possible service to our fellowmen, why should not we medical men add to our technical professional "armamentarium" the further endowment that comes from the beneficent effect of religion in our own lives, in order that we may be able in some measure to impart its healing virtues to the sick who may come under our professional care? In this connection President Isaiah Bowman of Johns Hopkins University says:

Only a few weeks ago I visited one of the free wards in a certain hospital. I there saw the effect of friendly greetings, so intimate and warm that they touched my heart. They were so immediately encouraging that they seemed like the breath of life to the discouraged sick. An experience like that can never be lost, when spiritual forces are thus combined with scientific forces; when the doctor gives each patient not only professional treatment and advice, but also a part of his own stout courage.

This is the kind of religion that every doctor would do well to cultivate in order to benefit from its twofold effect, first upon himself and through him upon his patients.

From the standpoint of the physician or surgeon it is always a matter of interest to have some wreck of humanity come to him for help. The patient's story may tell of habitual disregard of all known health laws, or of some sudden break in a hitherto more or less normally functioning individual; in either case and whatever the cause, he may be for the time being out of the running. To study such a person with the aid of the various agencies that science and art have put at our disposal in order to determine the true nature of his ailment, to apply the treatment indicated by medical or surgical science, and finally, as a result of this, to observe the patient's gradual return to health, is one of the most gratifying experiences that can fall to the lot of any man. Every case presents a problem to be solved, and no two are exactly alike.

From the scientific point of view the doctor bears a tremendous responsibility. The old Latin adage, *Humanum est errare* ("To err is human"), is as true today as when first uttered. Every honest medical man of experience, whether physician or surgeon, who looks back over his professional career can no doubt recall instances where, in spite of every precaution and the greatest care, he has in the course of his practice inadvertently committed errors in judgment or execution or both. Fortunately most of them are not attended with serious consequences. Occasionally, however, such an error may threaten the health or even the life of the patient. Every physician or surgeon is every now and then confronted with a condition which for one reason or another the ordinary means, and even the extraordinary scientific measures now at his command, are unable to diagnose correctly. There are so many pitfalls of one sort or another, such a variety of

conflicting circumstances, that even with the manifold aids afforded by modern science he is not able to make a correct diagnosis.

Mistakes are not confined to people of low intelligence or of little experience, although unquestionably they are far more common in those classes. It is the wise man who benefits by his errors, and often one learns more from his mistakes than from his successes. Although it is only natural that one does not want to herald widely one's misdeeds, still it is well in all humility to report them in order that others may profit by such mistakes and so avoid as far as possible their repetition in the future. A thorough study of a mistake in order to satisfy oneself, if possible, as to just how it occurred and how it could have been avoided, may prove very helpful. It is for this reason, and in the hope of aiding some other surgeon who may happen to read this book, that I am frankly discussing a very unpleasant subject.

I once had as a patient a delightful lady, who was also a personal friend. She was past middle life and unfortunately quite obese, so much so that the fat in the loose, relaxed abdominal wall was several inches in thickness. I was called to see her for an acute abdominal infection. The diagnosis by her doctor was "acute perforative appendicitis." This diagnosis I confirmed after a careful examination. Her general condition was not good. As an operative risk she was very poor, but something had to be done to relieve her, and it was operation or nothing.

This was many years ago; so the operation was performed in her home. Thus from an operative point of view conditions were not of the best. I had as anesthetist and assistants three of the most capable men I have ever had work with me and an excellent nurse. At the start of the operation I remarked to my assistants, "This is just one of those cases where there is danger of leaving a sponge in the abdomen because of her excessive fat, the thick abdominal wall, which makes the approach to the appendix very difficult, the necessity for haste in the completion of the operation, with a spreading peritonitis to add to our troubles. Everybody be on the lookout." In those days we were using in the abdomen for holding back the intestines large square gauze pads, each having attached to it a piece of tape about a foot long with a large glass bead on the end to hang outside the abdominal incision in order to locate the pad and prevent its getting lost in the abdomen.

Being fully acquainted with the difficulties and on the lookout to

prevent any untoward circumstance, we proceeded with the operation and, notwithstanding the difficulties, were able to accomplish it satisfactorily in a comparatively short time. At the end of the operation I discussed with my assistants the question as to whether or not by any chance a sponge could have been lost in the mass of fat with which the abdomen was filled. We all agreed that this was impossible since we had all kept a careful lookout throughout the operation, or thought we had. The abdomen was then closed. The patient stood the operation well and, to my satisfaction and somewhat to my surprise, she progressed satisfactorily toward recovery with the single exception that she soon began to complain of a certain amount of pain and tenderness in her pelvis. Casting about for an explanation for this discomfort, at once the suspicion of a sponge having been left in the abdomen suggested itself. After about two weeks the clinical picture had resolved itself into a definite pelvic abscess. I had determined to incise it the next day. That morning, when I made my usual visit, the patient greeted me with a smile and said, "I've got a joke on you."

Instantly I was aware of the significance of her remark, and turning to the nurse, I asked, "Where is it?" She motioned me to come into the bathroom and there showed me a basin with the offending sponge in it, tape, glass bead and all, which along with a lot of pus had ulcerated through the bowel wall and had been passed per rectum that morning. My relief of mind when I saw that sponge may readily be imagined.

The patient made a rapid convalescence and completely recovered with no untoward after effects, becoming one of the most grateful patients I have ever had. I had my luck with me that time, as did the patient. For a long time afterward she would frequently refer to "the joke" she had on me. I told her one day that I was delighted she looked at it that way, as the "joke" might very well have been on her.

Similar accidents happen every now and then, fortunately not often, in spite of the utmost care and precaution taken to prevent them, and I feel that the general public ought to know about them. Such occurrences are by no means always due to carelessness. Where, as in this case, the patient is obese and her condition such that the utmost haste is required, or where because of marked distention the intestines must be held back by a number of sponges placed deeply in the abdominal cavity, one of the sponges may become lost in spite

of the utmost caution. Even when the sponges are counted, a miscount by the nurse or assistant has been known to occur.

Other instances can be attributed to a fortuitous combination of circumstances. When one's attention is so taken up by the operative procedure, as it often is in a difficult, serious situation where one must work rapidly, one is forced to depend largely upon one's assistants. They, in turn, may be so intent upon their particular part of the operation that they too fail to render needed help at the critical moment. No one knows but the surgeon himself the tremendous responsibility that rests at times upon him, not only with regard to the immediate effect of the operation, but as to the later functional result. This feeling of responsibility is so overwhelming at times that it may for the moment completely obliterate other considerations.

I shall never forget an experience I once had with no less a person than Dr. Osler. Certainly his mistakes were as few as those of any medical man could be. There was no one more alert or better informed as to how to avoid mistakes of every kind. I simply mention this one unfortunate instance in order to emphasize my point; namely, that no physician or surgeon, no matter who, can be too careful or too painstaking in his work in the effort not to be guilty of any act, either of omission or commission, of judgment or execution, that can in any way, either through wrong diagnosis or treatment, exert a deleterious effect upon his patient. I speak of this incident not without some hesitation, because this time I happened to be right and Dr. Osler wrong.

One day, after I had finished my morning's work in the Hopkins Surgical Dispensary and was just about to leave the Hospital, I met Miss Nutting, then Superintendent of Nurses, in the corridor. She stopped me and said, "Dr. Finney, I am worried. I don't know just what to do in the matter. Would you mind coming with me and taking a look at one of the nurses, who was taken ill in the night with a pain in her abdomen, nausea and vomiting? I asked Dr. Osler to see her this morning, which he kindly did. He said she probably had an irritation of her appendix, but since she had no temperature and did not appear very sick, he thought all that was necessary would be to apply an ice bag and keep her in bed on a light diet for a day or two. Since he saw her, however, her condition has changed materially. She is now suffering more pain and tender-

ness, has some elevation of both pulse and temperature, and her blood count has gone up, which worries me."

I of course went with her to the ward and saw the nurse. It was evident by that time that she had a definite attack of appendicitis. In fact, I thought it one of the "fulminating" type, which is prone to go on to rapid perforation with a resulting peritonitis. I told Miss Nutting that in my judgment the nurse should be operated upon at once. However, since Dr. Osler had already left the Hospital for the day and had no telephone in his home, I told her that in order to avoid delay I would stop by his house on my way home and tell him how the situation impressed me.

When I had given him my report, Dr. Osler, in his characteristic bantering fashion, said, "Oh, this is just like you surgeons, always wanting to operate. Leave that girl alone and she'll come through all right." I was so sure that her trouble was urgent that I dissented from his position and remarked that I might be wrong, but that I had been much impressed with the seriousness of her condition and the necessity for haste in relieving it. "Oh," said he, "leave her to us, and we'll look out for her."

I tapped him on the shoulder and said, "I felt convinced that I should report to you my findings, but of course, now that I have told you just how I feel, the responsibility from now on rests on your shoulders." Then I left and went to my office.

About an hour later a messenger boy brought a note to me from Dr. Halsted, written underneath a message to him from Dr. Osler. Dr. Osler's message explained my feeling and said that he wished Dr. Halsted would go over, see her and decide the question. Dr. Halsted's note stated that he had a sore throat and couldn't go out, and asked me to see her instead and do what I thought best. I wrote just under his signature the word "over," and on the back of the message wrote to Dr. Osler that after reading Dr. Halsted's note, I was telephoning to the Hospital to get things ready for immediate operation on the nurse, and that I would be over to operate as soon as things were ready in the operating room. I sent this message to Dr. Osler by the messenger boy who had brought me the note from Dr. Halsted.

I was delayed at my office a few minutes longer than I had expected, but went over to the Hospital as soon as possible. I went at once to the nurse's room to see how she was and met Dr. Osler just coming out. On receipt of my note, Dr. Osler had at once called

a cab and had beaten me to the Hospital. In his characteristic fashion he greeted me with, "Here you are again, still wanting to operate on this poor girl. Her pain is gone, she is feeling better, and if we let her alone, she'll be all right."

As I turned away, I remarked, "Well, the responsibility is again on your shoulders, not mine." I went back to my office without seeing the nurse, much disturbed in my mind.

What had happened was perfectly typical. The appendix had ruptured since I had seen her, thus temporarily relieving the tension and the pain. In a short time, however, beginning distention, return of pain, tenderness and other characteristic symptoms of perforation and beginning peritonitis appeared. Then, later that evening, Dr. Halsted was again called in by Dr. Osler. By the time he saw the patient the peritonitis had become the paramount issue. He felt that operation then was out of the question, and the so-called "Ochsner Treatment" was instituted; morphia, rest, starvation, hot applications. This happened to be just at the time when Dr. Osler and Dr. Halsted were leaving for their summer vacations. They departed the next day, leaving me in charge of the nurse. Subsequent repeated incisions for the drainage of a recurrent pelvic abscess became necessary, and after a long stay in the Hospital, the nurse finally recovered.

Comment on a case of this sort seems hardly necessary. It speaks for itself. The moral simply is that in case of doubt in a matter as serious as an acute appendicitis may become, if err one must, it is better to err on the safe side and remove the appendix early, a simple operation then and attended with little discomfort and practically no risk, whereas delay always runs the risk of perforation and its serious consequences, as unfortunately happened here. This case illustrates the fact that because of the treacherous character of the disease and its serious possibilities, it is safer to look on every case of appendicitis, no matter how mildly it may begin, as potentially serious and to remove the appendix at once. Personally I have never regretted the early removal of an appendix, but I have regretted more than once waiting too long for hoped-for improvement.

On another occasion Dr. Halsted made an error in diagnosis, though the mistake was discovered before there were any serious consequences. The patient was my own cousin, a young woman from the West who for many years had had trouble in one of her hip joints. This was before the day of X-rays. Several different diagnoses had been made. She came to the Hopkins at my sugges-

tion to see Dr. Halsted, who after keeping her under observation for a time and going over her carefully, had come to the conclusion that her trouble was in the nature of a new growth (sarcoma of the upper end of the femur). The diagnosis that I favored was that of an unusual form of tuberculosis of the hip joint. I was called out of town for several days, and when I returned, I found that my cousin had been posted for the operation of amputation of the thigh at the hip joint, of course a very serious and mutilating operation. I went to see Dr. Halsted before the operation and suggested, in fact urged, that the swelling present should be aspirated before the operation, in order to determine the question of the presence or absence of pus. After considerable discussion with my chief, he remained convinced that the trouble was malignant and for that reason hesitated to insert an aspirating needle into the swelling. He finally agreed to do so, however, and a syringe full of pus was removed. Subsequent examination showed this to be tuberculous in character. The operation of amputation at the hip joint was therefore canceled.

Once again I was made to realize that even the mighty may err. Among my many good professional friends was Dr. George Ben Johnson of Richmond. He was an interesting man, an excellent surgeon and a raconteur of exceptional ability, whose presence was always a great addition to any medical or surgical gathering. His daughter, a charming young lady, had accompanied him to a surgical meeting, and while there was taken suddenly ill with symptoms suggesting acute appendicitis. Dr. Maurice Richardson of Boston happened to be present; so, since they were great friends, Dr. Johnson asked him to see his daughter. Dr. Richardson made a diagnosis of appendicitis, and went so far as to say that it was one of the few cases that he had seen in which he could definitely palpate the appendix, rather deeply seated in the right iliac fossa. As the symptoms were not very acute and subsided promptly, no operation was done, but Dr. Richardson advised removal of the appendix as soon as possible after their return to Richmond. Later I received a request from Dr. Johnson to come down and operate.

As this was a good many years ago, it was decided to do the operation at home instead of in the hospital. At this time symptoms were entirely absent, and I was operating on a ready-made diagnosis, but from my acquaintance with Dr. Richardson while I was a Resident under him in the Massachusetts General Hospital in Boston, I

knew of no one whose diagnosis I would accept more readily. I therefore went into the operation with entire confidence. Dr. Johnson was all the while standing behind me, looking over my shoulder. After making the incision, I confidently expected to expose the appendix at once; but no, there was no appendix, nor was there any cecum; so I extended my incision a bit, but there was none to be found on the right side of the abdomen. There was nothing to do but close this incision and make an incision on the left side. Here I found the cecum and sigmoid side by side, and between them the appendix, which I removed, needless to say, with great relief. It was perfectly evident that the sigmoid and the ascending colon had failed to rotate to the right side, a recognized defect in development, occasionally observed.

The patient made a very satisfactory recovery. Dr. Johnson was relieved to have the appendix out, especially under the circumstances. He was most grateful, and I never met him afterward without his alluding to this experience. He was a typical "grateful patient" in another respect as well, for shortly after the operation I received a valuable antique grandfather's clock, accompanied by a kind note from him with a postscript from the patient.

The next time I saw Dr. Richardson, I related to him my experience and charged him with getting me into a very uncomfortable position. He was much interested and said that he didn't know what he had felt, but that he certainly had thought that it was one of the few cases where he could palpate the appendix. He added, "Well, that's not the first mistake I've ever made, and I fancy it won't be the last," a sentiment which every honest surgeon will echo.

Again I want to insist that the relation of these several instances where men so eminent in the profession as Dr. Osler, Dr. Halsted, and Dr. Richardson have been mistaken is for the sole purpose of emphasizing the fact that surgical diagnosis, in spite of the contributions made to it by science, art, and experience, has not yet reached, because of the human equation, the stage of infallibility. For this reason the utmost care is indicated in every case, but especially in those cases where there is even a reasonable doubt as to the true condition. The old adage, "It is always better to be safe than sorry," applies here with particular force.

One Saturday noon I had hurried through my work at the hospital in order to keep a date with three of my friends for a foursome out at the Kennel Club links. I was just leaving the hospital, in fact

I had left it and was outside just entering my automobile, when the doorboy from the hospital came running out and called me, saying that Dr. ——— was on the phone and wanted to speak to me about a patient. As I had really left the hospital and was anxious to play my game of golf, I was sorely tempted to call to the boy to say that I had left the hospital. However, knowing that the doctor who had called me was usually right in his diagnosis, I was sure my conscience would bother me if I failed to respond; so I reluctantly went back to the telephone. The doctor told me he had a case of appendicitis which had just started up that morning. It did not seem acute, but still he thought I ought to see it before long. I told him I was just leaving the hospital for a previous engagement (I didn't say what), and that I would be gone a couple of hours; and, as the patient didn't seem very sick, to keep him quiet in bed with an ice pack until I could see him. Then I went on out to the Club, had a hurried bite of lunch, and we started our foursome. As it happened, I knew the patient personally, which always makes some difference. Every time I addressed the ball and attempted to drive, instead of the ball, I could see only this fellow's abdomen and wondered just how things were. It can readily be imagined what effect that had on my game. I couldn't hit the ball, I couldn't do anything; so after struggling vainly through nine holes I told the other fellows just what the trouble was, that golf and surgery wouldn't mix, and I had to do either one or the other. I asked them to excuse me, and went directly to the patient's house. When I arrived there, just two hours after I had been called, I found the appendix had in the meantime ruptured and the patient presenting an emergency condition. I took him into the hospital at once, operated, and removed the appendix. Although it had already ruptured, no harm had been done, and he made a prompt and complete recovery. All of which goes to show that a surgeon, with the grave responsibilities he has to deal with, can not afford to take any chances. Surgery first, and everything else secondary, is an excellent rule to follow, I find, that is, if one wants to have any peace of mind, as well as do the right thing by one's patients.

To illustrate how uncertain a surgeon is in the control of his time, and how urgent a sudden emergency may prove to be, I will relate an incident in which a very pleasant golf game was interrupted. Some friends and I were playing a foursome on a certain links, one side of which was bounded by a railroad track. In the course of our

game a head-on collision occurred between two trains. Not much material damage was done, but the fireman of one of the locomotives had his leg caught and badly crushed between the locomotive and the tender. He was thus held fast against the front of the hot furnace. It was impossible to separate the locomotive from the tender, as it had been derailed; so we could not release the man's leg, and as he was being scorched by the heat from the furnace fire, quick action was essential. I had nothing but a pocket knife, which happened to be good and sharp; no anesthetic nor any surgical dressings; indeed nothing ordinarily needed for amputating the leg, which was the only way that offered to get the poor fellow away from the fire. His cries were pitiful in the extreme. Fortunately, at this juncture a neighboring doctor, having heard of the accident, arrived with his bag in which he happened to have a bottle of chloroform. I quickly improvised a tourniquet from a strap and applied it to his thigh in order to control the hemorrhage, meanwhile giving him some chloroform. Since the leg had been crushed just below the knee, I quickly, with my pocket knife, amputated the leg through the knee joint. It was hot work so close to the furnace fire. An ambulance which had been sent for arrived shortly, and the poor fellow was hurried to the hospital, where the operation was completed. Unfortunately the severe shock of the injury and burning were so great that in spite of our efforts, he did not recover.

One must have gone through the experience of having a surgical operation performed upon oneself before getting a really adequate idea of what it means. Much depends on the end of the knife at which one happens to be during the operation, the handle or the blade. A surgeon, after he has gone through the experience of operating on many cases, will have learned in a general way what is involved in a surgical operation from his point of view, which is entirely different from the point of view of the patient. The surgeon is interested in the manifold preparations that are necessary for any well-performed operation. He is interested in the anesthetic, in the handling of the tissues, in the measures used to control hemorrhage, in the shock produced by the operation, in the functional result after the operation, and in a thousand and one things which give, or should give, him a real sense of responsibility. The patient, on the other hand, is interested in the immediate result of the operation and in having it done without undue pain. The nervous wear and tear on the patient is great; apprehension, shrinking from pain, reluctance

to lose consciousness when the anesthetic is administered, and the ever-present possibility of something untoward happening that may result in death. These fears fill the mind of the average patient about to be operated upon with an understandable sense of dread.

One of the problems the surgeon is continually meeting in his work is whether or not to tell his patient the truth about his condition. I know this is the subject of warm debate among many surgeons and physicians. It is conceivable that under some conditions, because of the mentality of the patient or other circumstances involved, it may be well to keep the whole truth from the patient's knowledge. There are those, I know, who under no circumstances, when the condition is at all serious, would tell the patient anything about an unfavorable prognosis. A great deal depends upon how it is done. Some patients will tell you right away that, if conditions are unfavorable, they don't want to know the truth. A surgeon is thus relieved of a great responsibility. Others will tell you that they want to know the truth, whatever it may be. One can usually tell after a while just how sincere in either case the patient may be. I am convinced that with most patients it is best to be entirely frank, not brutally so, but to make the patient feel that whatever you may tell him is absolutely true. Frankness as the watchword is certainly a far better working basis than deceit. I have had patients thank me, and really mean it, for telling them the worst thing I could as to their condition. They wanted to know the truth.

In my experience I have found that the patient will adjust himself sooner or later to conditions if he knows the absolute truth. The real difficulty comes when the patient doesn't thoroughly trust the doctor. I have never seen any harm come from telling the patient the truth if it was done in a kindly, sympathetic way. If you lie to your patient once, and he finds it out, he will never quite trust you thereafter. Confidence is one of the best assets of a doctor. When the patient trusts you entirely, you can do almost anything with him; when he doesn't trust you, you can do little or nothing.

It is as much the duty of the surgeon to relieve the mental strain of the patient as it is to cure his bodily ailment, and the real surgeon will not fail to bear this in mind and to act accordingly. However, sometimes the patient's point of view is an obstacle to recovery which the physician in spite of every effort may fail to remove. It is pretty generally believed among medical men, particularly surgeons, that if before the performance of a certain surgical operation a patient has

made up his mind to die as a result, such a patient makes a very poor surgical risk. The converse is equally true. It is always an encouragement to a surgeon to have a patient about to be operated upon express a determination to get well. This optimistic view is often seen in the case, for instance, of the mother of a sick child, to whose care she has hitherto devoted her life.

Perhaps the most striking illustration of the former condition that has come to my notice is the case of a middle-aged maiden lady from the country who was referred to me by her doctor, my own uncle. This was in the early days of the Johns Hopkins Hospital, and the first case of the kind in my experience. I saw the lady, took her history, examined her and found that she was suffering from an abdominal tumor, probably of ovarian origin. Since Dr. Howard Kelly was in charge of the work in the Gynecological Department, I advised the lady to consult him, to which she agreed. I then personally took her to Dr. Kelly, who after examination confirmed my opinion and advised operation. He explained to her that her trouble was a simple ovarian cyst, the removal of which was an easy operation and devoid of any particular risk or danger. He advised immediate operation in order to get it off her mind as well as out of her body as soon as possible.

After we had left Dr. Kelly's office, I talked over the matter of the operation with her and reiterated the points that he had made. She listened quietly without any show of emotion whatever, and then replied, "Yes, I know I can't get along as I am, and if you gentlemen, in whom I have entire confidence, think operation is the only thing, I shall submit to it, of course. But I shall have to go home for a few days in order to straighten out my affairs because I know that if I am operated on I shall die." I tried to free her mind of this idea, calling attention to what Dr. Kelly, an authority on these matters, had said, but I was well aware that I was making no headway at all. Finally it was agreed that she was to go home, put her affairs in shape and return in about a week's time.

Her second visit was on a hot sultry August afternoon. I received word that she was in the admitting office waiting to enter the Hospital. Knowing that she was a stranger and alone, I went over to the front, arranged for her admission to the Hospital, and then walked with her over to the ward, a considerable distance through the corridor. Just at this time a fierce thunderstorm which had been brewing broke over the Hospital. We had just reached the steps of

the ward she was to enter, which was on the second floor, and had started to ascend the steps when a blinding flash of lightning accompanied by a terrific crash of thunder seemed almost to tear down the Hospital walls over our heads. Naturally we both stopped, and I confess that I was a bit startled by the flash and the crash. She did not seem to be the least bit disturbed, but quietly remarked, "That settles it."

I said, "Yes, it sounded to me as if it settled something."

"Oh, you don't understand," she replied. "Now I know I shall die." Evidently she took this as a definite omen or warning from Above. Just at that moment someone came running down the steps saying that the ward we were about to enter had been struck by lightning and set on fire. I told the patient to sit right down on the steps and wait there for me, and not to move until I returned. I ran up the stairs, helped put out the fire, which hadn't done much damage, and then returned to my patient. There she was sitting quietly just as I had left her. I took her to the ward, and she was at once admitted. I called the ward surgeon and told him what had happened. I remarked then that there was something peculiar about the patient and suggested that he watch her carefully and keep her in the ward for two or three days for observation before operating. Nothing at all was found wrong with her physical condition except the abdominal tumor.

The day was set for the operation. I had asked to be informed of the hour and was present when Dr. Kelly in his extraordinarily skillful manner removed in a few moments a large ovarian cyst. There was no shock, and the patient's condition at the end of the operation was just as good as at the beginning. I saw her the next morning. Except for a little post-operative nausea, her general condition seemed excellent, and I began to chide her gently about her expressed intention to die, calling attention at the same time to her excellent condition. "Yes," she quietly remarked, "I feel all right now, but I have not left the Hospital yet." The nausea referred to continued and increased from that time on, and in spite of all our efforts on her behalf and the best medical attention, including the services of both Dr. Kelly and Dr. Osler, she quietly died on the fifth or sixth day. I requested an autopsy, which was allowed. This was made by no less an authority than Dr. Welch, who after a thorough postmortem dictated a note for the autopsy record to the effect that "no adequate cause for death could be found." Today we could

probably have saved her life in spite of her expressed determination to die.

This type of individual fortunately is rare. It is a common thing for people when motivated by vague fears to insist with a great show of emotion that they are going to die if they are operated upon, but the experienced surgeon readily recognizes this as the ordinary human reaction. The other type, like this patient, which expresses no fear or any other emotional reaction, but simply a quiet determination to die, is the type of which I am speaking, and on which I have performed my last operation. I have had several other cases in my many years of experience almost as marked. I think I have had enough of them now to be able to recognize them, and nothing could induce me to operate again upon a patient who is in this frame of mind. However, a certain number of these cases, I am firmly convinced, may be transformed into good surgical risks if the surgeon is willing to take the time and the trouble to get really to know the patient, to gain his or her confidence and to convince himself as to whether or not the patient is a proper surgical risk. Here again is where the human element in surgery assumes such large proportions. I have found that if such a patient is admitted to hospital for an indefinite period, is seen and talked to every day, is then given an explanation in detail as to just what the condition is, what is to be done and why, and just what the chances for a successful result are, the surgeon can gain that patient's entire confidence and support, and can instill in him the will to live, which is an asset of inestimable value to patient and surgeon alike.

Another case illustrative of this peculiar mental obsession was a gentleman who came to my office with the complaint that he had a hernia which from time to time came down and became strangulated. He had tried wearing a truss, but it had not been satisfactory. He was a traveling man, and his work necessitated his going not infrequently to out-of-the-way places where surgical help was not available. After bothering with the thing for a long time, he had made up his mind to have the operation. He had hesitated to do this because he was married and had a family dependent upon him. What caused him to hesitate was the fear he had that if operated upon he would surely die.

I talked with him and tried to assure him that the operation was simple and was being performed constantly with excellent results, and that if he was in good condition, which we would verify before

doing anything, he ought to have no trouble at all from it. As I felt I wasn't making much headway, I insisted that he try a different form of truss and referred him to a local instrument maker, who fitted him with one which he wore for three or four months. Then he returned to me, saying he could not wear his truss any longer, that he was not able to do his work, and felt he must have the operation. I talked to him again about his obsession of dying and got him to agree to coming into the hospital for a while before I did the operation. I had several interviews with him before operating, and he seemed to be in a somewhat better frame of mind, but still insisted that he would have to have the operation.

Finally, rather reluctantly, I performed the operation. He got through it perfectly well and had no trouble whatever. He went along for ten days, and then I let him up. He was walking around in a day or two and ready to return home. I had seen him regularly and had given him permission to return home since everything seemed to be in excellent shape. The morning of the day he was to return home, while he was resting quietly in his room, he was seized with a sudden heart attack, what we call "coronary thrombosis," and died. On talking it over afterward with some of his family who were summoned to the hospital, I was informed that before leaving home he had secured a lot in the cemetery, had arranged with the local minister to preach his funeral service, had selected his pallbearers, and bought a new suit of clothes, which he had brought with him, and left a note to the effect that he was to be buried in this suit. All of his wishes were carried out.

I can not explain these cases of premonition of impending death, but in the course of my practice I have met with so many of them that I am constrained to believe that there is such a thing, whatever the explanation, if any, may be.

The final joy and satisfaction that come with the practice of medicine or surgery, in addition to the opportunity that it offers to save life and relieve suffering, lie in the fact that one is dealing with human beings as they really are. The patient stands before his doctor stripped of all artificial veneer. It is said that "the preacher sees a man at his best, the lawyer at his worst, and the doctor as he really is." When one is sick, one's natural disposition is pretty apt to show itself in its true colors. Nothing is more interesting than the study of human nature, and the more one studies it and becomes better acquainted with its different moods and vagaries, the more respect

one has for it. The more human the physician is, the more sympathy he has for the individual patient, the better equipped is he to treat the patient's ailments intelligently. The doctor has a unique opportunity to study human nature at first hand, to acquaint himself with its weakness as well as its strength, and to know its physical, mental and spiritual qualities. He is thereby in a position to render the patient great service in a variety of ways. It is the knowledge of this fact, the realization of the grave responsibility attendant upon this relationship, that is calculated to bring out the best in a doctor. And be it said to the everlasting credit of the profession that there are comparatively few doctors who prove themselves recreant to their trust.

The doctor has to meet a variety of situations. Sometimes he has to think and act quickly in order to save what may be an embarrassing or distressing situation. Early in my career I was called to a town some distance from Baltimore to see a young woman at the request of her family physician. She was supposed to have a case of acute appendicitis. When I arrived, I found that the patient, a young girl of about nineteen or twenty, was the daughter of one of the prominent physicians of the town. She gave a history of sudden, acute abdominal pain which had started the day before. The history and physical examination suggested the possibility of appendicitis, but there were certain other features about the case which did not correspond to the ordinary picture of that disease. Nothing was developed in the history, however, to throw serious doubt upon that as the probable diagnosis. She was evidently suffering, had a certain amount of fever, a rapid pulse, a tender and fairly distended abdomen and a rather high leukocyte count. Operation was clearly indicated, but as I said before, I was not perfectly sure in my own mind as to the diagnosis, and to make matters worse, the probability of a ruptured tubal pregnancy could not be excluded.

The operation was done in her home. Her father, a doctor well past middle age and retired from active practice, was deeply concerned. Since I felt a bit uncertain as to the real cause of her trouble, when everything was ready to proceed with the operation I suggested to him that it might be better for him to wait in the other room. He insisted that he wished to be present. I carefully made an incision down to the peritoneum and exposed a small area of it in order to see if anything showed through. To my chagrin, but not altogether to my surprise, I could see bloody fluid showing through the exposed

peritoneum. This in all probability meant just one thing, a ruptured extrauterine pregnancy. What should be done with the doctor-father? I knew the shock of the discovery as to the real nature of the trouble would be a severe blow, but how was I to keep it from him? These thoughts ran through my mind as I was operating, and the situation required quick action. I turned to him and said, "Doctor, we are evidently going to need plenty of hot, sterile water with which to irrigate the abdominal cavity. I wish you would go to the kitchen, fill a kettle with water, watch it until it has boiled ten minutes and then bring it up yourself. I'll need it badly by that time. It is very important that everything should be absolutely sterile, and I would rather trust you with that duty than anyone else here."

He immediately left the room. Then I told the assistant and the nurse that I wanted nothing said about the findings of the case in order to save as far as possible the feelings of the father, who was a fine old gentleman. The mother was dead. I at once quickly opened the abdomen and found what I had expected, a ruptured tubal pregnancy. We worked rapidly and got everything cleaned up and all the bloody sponges and fluid in a pail and covered with a towel before the doctor returned with the boiled water. The nurse removed the bucket of soiled material as soon as the old doctor arrived, and it was quickly and carefully disposed of. I irrigated the abdomen with the boiled water and closed the incision. The patient made an uneventful recovery. The dear old doctor never knew the real nature of his daughter's trouble.

Some people may be inclined to criticize our keeping the knowledge of the true condition from the father, but the damage had already been done, the shock to the father would have been severe, and our action did not prevent my having a heart-to-heart talk with the patient about the whole situation after she had recovered. Her appreciation of our efforts to protect her good name was heartfelt, and I feel sure that more good was accomplished in this way than would have been by an exposure of the most unfortunate affair.

Another unusual situation that I once had to meet brought to my mind the old adage, "There is nothing like having your luck with you." More than once during my life I have been impressed with the truth of this saying. I had been called to Birmingham, Alabama, to operate upon a gentleman down there, a patient of one of my good friends in the local profession. As the trouble for which I had operated was serious, I stayed over for a day or two after the operation

in order to be on hand if anything further was needed and to observe at first hand the result of the operation.

It so happened that the local medical society was having a meeting the evening of my first day there, and I was invited to attend. The program was devoted to a consideration of gunshot wounds of the abdomen. I was impressed with the number of cases and the high mortality rate reported in the papers during the course of the meeting. After the reports of the various local surgeons had been read, I was asked to take part in the discussion. In the course of my remarks, I said that I hesitated to discuss a subject in which the experience of the local surgeons had been so much richer than mine, since, to be perfectly frank, I had had to treat only a comparatively few cases of gunshot wound of the abdomen in my entire experience. I went on to say, however, that I had been impressed not only with the wealth of clinical material, but also with the high mortality rate, and I wondered just what was the explanation of these two facts. I was promptly informed that gunplay was common among the members of the colored race, particularly when the feminine sex was involved. When it took place, it was usually at very close range with the muzzle of a large-caliber gun pressed against the body of the victim. In answer to a question, I mentioned that the mortality rate among my cases had been lower than that among the cases reported. At once I was asked how long I was going to be in town. I told them until some time the next day. "Good!" was the reply. "We'll have a case of gunshot wound of the abdomen ready for you before you leave, and we will expect you to come and operate on it for us to show us how you do it." I took this as a joke but was assured that in all probability there would be a case by the next noon.

Next morning I was greatly surprised when sure enough I was called by the local hospital and informed that they had a case of gunshot wound of the abdomen waiting for me to operate on, and that they were notifying the various doctors, who would be at the hospital shortly. They asked me please to hurry as the patient was somewhat shocked. I thought it was a joke, but was assured that it was a fact. So I hurried through my breakfast and went over to the hospital. A number of doctors were already present, and I was taken at once to see the patient. She was a colored woman who had been shot by her lover, who accused her of being false to him. In orthodox fashion, he had shot her at close range in the lower part of the

abdomen. She was at once taken to the operating room, and as soon as I was cleaned up, I proceeded to operate on her. I found, as I recall, two perforations of the small intestine; one of the fallopian tubes had been severed by the bullet, and the peritoneal cavity was full of blood. Altogether the patient was in bad condition. However, I got through the operation satisfactorily and gave her plenty of salt solution by infusion (that was before the days of blood transfusions) to make up for the blood lost.

Meanwhile I had jokingly accused the local doctors of putting up a job on me by manufacturing a case of gunshot wound of the abdomen for the occasion, and they in turn had goodnaturedly guyed me about my good recovery rate as compared with theirs. There was, therefore, great interest on all sides as to the outcome of the operation. Some days later, after I had returned to Baltimore, I received word that the patient was making a good recovery. I wrote my doctor friends in Birmingham, calling their attention to the legend of the contest among a group of Knights of Old as to who could win the Fair Lady by shooting an arrow through a golden ring some distance away. In vain the Knights strove to send an arrow through the ring, until a Boy with a wooden bow and arrow came along. After watching the futile efforts of the Knights, he asked whether he might have a shot at it, and without apparent effort shot his first arrow straight through the ring. To the great chagrin of the Knights he thus won the Fair Lady. At once he went over to a fire which was burning near by, threw his bow and arrows into it and burned them up, saying that never again would he tempt the fates by trying another shot. I told my friends in Birmingham that taking my cue from the Boy, never again could I be induced to operate on a case for them; that as far as Birmingham was concerned, I had burned my bow and arrows. Experience has taught me that it doesn't do to tempt fortune too often.

The doctor's profession brings him into contact with all kinds of people under varying conditions; sometimes the circumstances are amusing, sometimes discouraging, but always they are revealing of human nature as it really is.

Once, having been delayed at the hospital, I did not arrive at my office until some time after my office hour. My secretary told me that two ladies were waiting who had been there for some time and were getting rather restless. So I hurried into the waiting room and

there found two middle-aged women. One was evidently the personal conductor of the other, a poor little meek-looking somebody who looked as if she hardly dared call her soul her own. Not so with the first one, a regular major-general. She gave me the "once-over" from top to toe without saying a word or batting an eye. I was a bit embarrassed at her close inspection and profuse in my apologies for keeping them waiting. She was one of those women so fat that they have no laps, and she sat bolt upright with a hand on each knee.

When I had finished my apology, she said, with an evident North Carolina mountain dialect, "Be you the doctor?"

"Yes," said I.

"Well," said she, "we been waitin' a long time for you, and we come over five hundred mile to see you, and we ain't used to chasin' after men either."

After looking the situation over, I couldn't but feel that for the average man, any "chase" of which he was the victim would in this case undoubtedly be a stern one. However, I was able shortly to pacify the lady, to assure her that her long-suffering companion's trouble was entirely amenable to treatment, and that a short stay in the hospital and a comparatively slight operation would probably relieve her completely of her trouble, as it subsequently did.

Funny incidents are constantly happening in the practice of medicine. I had as a patient once a querulous old lady who had a tale of woe to tell of the number and variety of her ailments that was interminable, and each time I saw her she had a new complaint or two, and they were always the very worst that ever happened to anybody. Her husband was a poor little henpecked fellow for whom I felt great sympathy. There is an adage to the effect that "the worm will turn." In this case it turned only once to my knowledge. During one of my visits, the lady was well launched on the narration of her numerous and dreadful symptoms, when suddenly she stopped and exclaimed, "You men, you don't know what you miss! You ought to get down on your knees every night and thank the Lord that you're not women and don't have to put up with all the things that a woman has to suffer." And then she went on to relate in detail the various feminine complaints to which she was a martyr. Finally the poor husband interrupted with the remark, "But remember, Maria, you women don't have to shave every morning." I must say that many times in the course of my daily morning shave I have

thought that the poor little husband knew what he was talking about.

Once a lady came into my office very much perturbed in her mind. She had some reason to be, for the thing that had brought her was a lump in her breast. I examined her carefully and came to the conclusion that this was the type of lump that needed to be removed thoroughly and quickly. I broke the news to her as gently as possible. At once she "hit the ceiling," figuratively speaking, and began to bemoan violently the terrible things that would surely result from the operation. I let her relieve her feelings for a few moments, and then began to explain to her just what I proposed to do and why and what the operation would mean. I told her that in my judgment about the only inconvenience, if any, that would result from the operation might be the inability to use her arm as freely as before. Looking me straight in the eye, she asked, "Doctor, what won't I be able to do with my arm?"

Not wishing to appear to take her too seriously, I rather facetiously replied after pausing a moment, "Well, I think you will be able to do everything with your arm except possibly to assume the position of the Statue of Liberty."

Without batting an eye and still looking at me intently, she said, "And just to think, Doctor, that is my favorite attitude." Not having met her before, I didn't know just how to take her remark; so I bowed and acknowledged that she had scored on me. I later found that she hadn't intended anything facetious, but was in dead earnest. I did not appreciate this until her husband came to see me after the operation. He was the meekest, most henpecked specimen I had seen for some time. I thought then that I understood the real significance of the posture.

Before long out of his varied experiences and many contacts with all kinds of people the doctor begins to distinguish types of individuals. Every medical man, I am sure, is familiar with the genus "G. P.," otherwise known as the "Grateful Patient." He or she, more often the latter, is the best and cheapest advertisement that a doctor has. There is no counterpart to the grateful patient in any other profession. She is a unique institution. What would a doctor do without her to fight his battles for him (for the most militant type is always of the gentler sex), to stand up for him through thick and thin, to defend him against the verbal assaults of the grateful patients of his professional rivals, to advertise him and his virtues, real or fancied,

at every afternoon tea and in every sewing circle or club of which she is a member? It is difficult to imagine practicing medicine without her. But for her the doctor's office and home would be far less well furnished; his library bookshelves less well filled with popular volumes; his personal wardrobe less striking and complete.

The character and extent of the professional service rendered may be and frequently is entirely disproportionate to the gratitude of the patient, but that makes no difference. Nor does the extent of the patient's gratitude depend on her social standing or material prosperity. For a number of years before my private practice began to be burdensome, a great deal of my time was spent in the Surgical Dispensary of the Hopkins Hospital with the free patients. Here I came to know and to appreciate that a monopoly of the virtues and attractive traits of human character was not held by the more favored classes. Some of the finest characters I have ever known, and some of my most valued and lasting friendships began in the Dispensary with charity patients. For the last fifteen or twenty years the first reminder that I have had each year of the approach of the Christmas season has been in the shape of some little gift from a poor widow, for whom I had removed a tiny wart from the side of her nose. The wart had been so situated that every time she opened her eyes, she saw it, and from its proximity to the eye, it probably looked as big as a walnut to her. Her gratitude was correspondingly great.

Once a G. P. of mine, evidently somewhat disturbed and doubtful in her mind, asked me if it really were true that I ever laughed while performing a surgical operation. I replied in the affirmative and added that I was glad when I could find something to laugh at, as it relieved the nervous strain, which at times became very great. She explained her question by telling me that recently at an afternoon tea one of the ladies had come in all aglow with excitement, saying she had just been calling at a friend's home when someone had run downstairs and said there was a surgical operation going on in the house across the street. Of course they had all adjourned upstairs, where they could get a better view, and sure enough, there was Dr. Finney to be seen in the act of operating. The lady had continued, "We could not see what he was doing, as there was a towel stretched across the lower part of the window, but right in the middle of it he looked up and laughed. The idea of such a thing! No hardhearted, coldblooded doctor like that could ever touch me."

"Then," said my patient, "we almost came to blows, for I could not sit still and let anybody say anything against my doctor and not defend him, whether he was right or wrong. But I wondered afterward whether you really had laughed or not." Such is the exaggerated and often erroneous interpretation that is at times placed upon some innocent and harmless word or action of the doctor through misapprehension or the distorted imagination of the patient, or more often the patient's friends.

It is truly remarkable what a G. P. can think of to do for you, from sending you all kinds of presents, some acceptable and useful, others so bizarre as to test your ingenuity to know just what to do with them, to writing poetry about you. On occasion they have been known to express their gratitude by throwing their arms about your neck and giving you an enthusiastic hug and a kiss. One time after I had performed a rather severe operation upon a lady, who had finally made a good recovery and was ready to return home from the hospital, I stopped in to give her a few final instructions and to say good-by, and was just leaving the room when she called to me and asked me to come back a moment. When I had done so, she asked me to put down my head. In the innocence of my heart I leaned well over, thinking that she probably wished to whisper something in my ear that she didn't want the house doctor and nurse to hear. But no; she threw both arms around my neck, drew me close to her and said, "Dr. Finney, do you think Mrs. Finney would mind if I were to kiss you?"

"Why, not at all," I said. "Help yourself if it would make you feel any better, and when I go home, I'll 'fess up."

Let's draw the curtain here, but what she did to me was "a plenty." When I got home, true to my promise, I related the incident in detail. My wife knew the lady slightly, as it happened. When I had finished, the only reaction aroused by my recital was, "Well, I'm glad it was you that she wanted to kiss, and not me."

"Cat!" said I, but no further comment was forthcoming.

The following poem I insert here with some hesitation. It was written by Dr. Omar Pancoast, my assistant for a number of years and also a patient. It illustrates so well the height of the pedestal upon which your G. P.'s and associates place you at times that I feel constrained to insert it, but not without due apology for the over-emphasis placed by my grateful patient, Omar, on my fancied virtues:

*As a surgeon, few thy equals,
Whose work with thine compares?
As a man, thy virtues bring thee
The love of thy confreres.*

*So kind and skilled a workman,
Serving "elect" or "damned";
None else than Osler called thee,
"The man of heart and hand."*

*Thy mind is always open
To learn or to revise;
When teaching, all men listen;
They hear what's sane and wise.*

*Thou art never grim or surly,
Good humor rules thy life;
All controversy tires thee,
The very name of Strife.*

*At heart a "broader churchman,"
No narrow Pharisee,
Art slave to no Confession
Save His of Galilee.*

*Thou art led through life by Duty,
Who whispers in thy ear,
"Here's one thy strength may succor."
"There's one who needs thy cheer."*

*Thou knowest the art of giving,
Would rather give than store;
Thy giving gives thee pleasure,
Unselfish to the core!*

*Thy gifts are more than money,
They take thy time and strength;
Whene'er thy friends may serve thee,
They'll go to any length.*

*Thy ways are all so winning,
Thy smile we love so well;
We always hate to leave thee,
It's so complete—thy spell.*

*If, on thy way to Heaven,
Some sad mischance befell,
The Deil himself, to please thee,
Would bow thee out of Hell.*

*Thy charm's in thy good nature,
Thy candor and thy truth,
Thy tact that's never failing,
Thy sympathy and ruth.*

*Free from all obsessions
And eccentricity,
Possessing, for a mortal,
Unique normality,*

*In excellencies human
Thou art so rounded out,
A fault, like "grace" in Sodom,
Would almost cause a rout.*

*So, when from human passion
Our Presbyter would fight,
Revert to "slugger Finney,"
We found thee perfect, quite.*

*No bitterness is seething,
No canker takes its toll;
Forgiveness dwells within thee,
As fills thy Master's soul.*

*Good Fortune's been thy fellow
With children and with wife;
They've naught but blessings brought thee,
Brought thee a happy life.*

*Thou art a master workman,
Who served the great and small;
Here lurks no Mammon worship;
The One thou lovs't, gave all.*

*As surgeon, few thy equals
Whose skill with thine compares;
As man, thy life inspires us,
We're all of us thy heirs.*

Among my most grateful patients I have always classed my friend Mrs. Evalyn Walsh McLean of Washington. I make bold to mention her by name because she was good enough in a book written by her some years ago, *Father Struck It Rich*, to speak kindly of me. I had treated her and several members of her family in times past. I first met her when I was called to see her some time after a serious automobile accident. Her brother had been killed and she had been badly injured. The accident had happened up north, and she had been treated for a while in a New York hospital. She had eventually returned to her home in Washington, where I was called to see her. An extensive operation was necessary for a badly united fracture of the femur. An up-to-date operating room was installed in her home, and from time to time I was called upon to perform a number of surgical operations on members of the family. As a patient I found Mrs. McLean interesting and co-operative, and I have come to look upon her as a warm personal friend, one who can be depended upon at all times to do anything in her power to help a friend in need.

Yes, it makes one feel that life is really well worth living when one recalls the many acts of kindness shown one in many ways by one's grateful patients. All of which goes to strengthen one's confidence and belief in human nature and to illustrate what wonderful opportunities a doctor has to do good in many ways, if only he is willing to take advantage of them. Long live the "Grateful Patient!" She or he adds much to the joy of living of the hard-worked doctor, who is most appreciative of her or his kind thought of him.

There is another species, not so gratifying perhaps to the doctor, but interesting in his own peculiar way, the so-called "patent medicine man" who goes around from one doctor's office to another, vending his wares. I don't know where he gets his line of talk, but he certainly is persuasive. When he is at his best, he can advance

a plausible, if not entirely convincing, argument as to the merits of the particular brand of medicine he is trying to sell. Some are real artists, insistent on seeing the doctor in person and resentful of any suggestion that they simply leave samples without first having an opportunity to dilate upon the unique virtues of their particular medicine.

Early in my practice an old doctor had an office not far from mine. He had the traditional, impressive manner of the old-time family physician and he was the possessor too of a long flowing beard, of which he was very proud and which he had the habit of fondly nursing in his hands as he talked, as if holding a baby in his arms.

I was just leaving my office one day in a hurry to keep an appointment when I met coming up my office steps a marked example of the type of patent medicine man. As I stepped out of the door, he greeted me with a gushing, "How do you do, Doctor. Can I have just a moment of your valuable time?" I told him I was in a hurry to keep an appointment, that if he had anything he wanted me to see to leave it on the hall table, and I would look at it on my return. I stood holding the door open. He fumbled in his handbag, taking an unnecessary amount of time to find the particular samples that he was looking for, all the while talking a blue streak and extolling the merits of these samples. Finally he put them on the table and asked, "Are you going down the street?" I said that I was going as far as the corner. "Well, I'll walk down with you if I may."

Since he had said his say about the virtues of the medicine and was an active conversationalist, he started off with, "Do you know Dr. B—?" Not thinking or paying much attention to what he said, I said I did not. He went on, "Oh, Dr. B— who lives up the street here. You must know him." He then made the familiar gesture of the old doctor fondling his beard, which I recognized at once, as the medicine man was a good mimic. I replied then that of course I knew whom he meant. He continued, "Well, I have just come from his office. I started to tell him just what I said to you about the medicine that I have, but he interrupted me, pulled out his watch and said, 'Young man, it will cost you ten dollars to talk to me for five minutes.' I glanced around the office, and I says, 'Good morning, Doctor, I don't think it's worth the money,' and left."

The reason these patent medicine men flourish as they do is because doctors as a class are notoriously easy prey to any kind of gold

brick vendor, patent medicine agent, or what not. To such people the average doctor is as a babe in arms, easy to exploit, and the patent medicine man knows this only too well and profits accordingly.

Anyone who thinks for a moment that the city doctor, with hospitals, medical societies, libraries and other advantages and connections, has a monopoly of medical or surgical knowledge and experience is entirely mistaken. Some of the most valuable contributions to medical knowledge and practice have been made by so-called "country doctors." From them I have learned some of the most useful lessons I have learned, lessons which have borne abundant fruit in the care of my patients. Of course, there are country doctors and country doctors, just as is the case with city doctors, but the type that I have in mind is the man who is a philosopher and an excellent observer, with the ability to size up a situation and to work out a plan of action, which in a large per cent of cases will bring satisfactory results.

Early in my professional career I became much interested in the study of gastric ulcer, and in looking up the literature on the subject, I found that the first case operated upon, on this continent at least, was by a certain doctor up in New Brunswick, Canada. That patient died. The surgeon operated on a second case, and that patient died. Then he operated on a third case, and that one recovered. At once I felt a strong desire to meet the man who had evidently had the courage of his convictions, and had kept on in the face of repeated failure until he had succeeded in accomplishing the desired result.

The operations described had all taken place several years previous to this time; so I wrote to the doctor at the town mentioned in the article, stating that I had been much interested in the report of his cases and that I should like to know whether or not he had had any further experience in the matter. Much to my satisfaction I received a prompt reply, which stated that he was still active and had had several additional cases, and went on to describe the circumstances in which he had done his first operations. The first two were emergency operations, done in the most unfavorable circumstances in a lumber camp back in the woods. But from what he had learned from those cases, he felt convinced that if he could only get a case of perforated stomach ulcer early enough, and could operate on it under favorable conditions, the patient ought to recover. His third case was operated upon under these favorable conditions and did recover.

This correspondence led to a delightful friendship between the

surgeon, Dr. Atherton of Fredericton, New Brunswick, and myself. I visited him there and had the pleasure of seeing how he worked, and he visited me in Baltimore. He was one of the most interesting characters that it has been my privilege to know. One thing this led to that I can not forget and enjoyed to the limit was fishing with him in New Brunswick. I never had such trout fishing in my life. Indeed, it was the only time that I can remember that I ever got tired of catching fish—beautiful speckled trout, from three-quarters of a pound to a pound and a half in weight, and just as many as you wanted to catch. And here is another “believe-it-or-not” story. The water of the small river in which we fished was so crystal clear that the trout on the bottom could see the fly coming, and if in casting, I arched the fly high, so that it came straight down for quite a distance, the fish, sometimes two or three of them, would be after the fly before it ever touched the water and not infrequently would catch it in the air. Parenthetically, Dr. Atherton's good wife made the best ginger cookies that I have ever eaten. She kindly gave me the recipe, and to this day, under the name of “Mrs. Atherton's cookies,” they are prized highly by all members of my family and friends, big and little.

In the region where Dr. Atherton lived, along the south shore of the Gulf of St. Lawrence, there is to be found, for some reason or other, chiefly among the fishermen, quite a colony of lepers. At the time I was visiting Dr. Atherton, there was a hospital for lepers in the town of Tracadie. As I had never seen a case of the disease, I was anxious to avail myself of the opportunity. So Dr. Atherton arranged for a team (those were the horse-and-buggy days) to drive us over to visit the hospital.

On that trip to Tracadie, a great part of the way was over low land with only here and there a clump of spruce trees. Along the road was strung a telegraph wire attached to a row of wooden poles. It was a hot, sultry summer day, and a fierce thunderstorm came up, through which we had to drive for a long distance. I'll admit that that was one time when I was thoroughly frightened. The storm was accompanied by hail, pouring rain, and frequent blinding flashes of lightning and deafening crashes of thunder. We counted a dozen or more telegraph poles struck by lightning as we went along. Why we weren't hit, I am sure I don't know, for we were the most prominent object on the landscape. The team of horses was scared by the thunder and lightning and the hail pelting down on them, and started

to run at a furious rate down the road, which was anything but smooth. The driver could not control them, and they ran wildly for several miles. Altogether, with the runaway, the storm, the hail (the wagon was uncovered), and the expectation of being struck by lightning at any minute, the trip was an exciting one, but we somehow got through all right.

When we reached the hospital at Tracadie, we found it had been struck by lightning in the storm, with considerable damage as a result. The patients had not yet recovered from the excitement of the experience. There were, as I recall, thirty or forty of them in all stages of the disease, many of them in so distressing a condition that they appealed strongly to one's sympathies.

Dr. Atherton was a real philosopher. When we were out fishing, it was a delight to sit and listen to his accounts of his experiences and his comments upon life in general and what he had learned from many years of experience as a family doctor and surgeon. I learned much from him. Of course, he did everything, surgery included, as in those days specialties had not as yet been developed.

The older generation will recall with great satisfaction the family doctor of the "good old days." Of course, there was as much difference between individual family doctors as there is today between individual specialists, but as types, there is a great difference between the family doctor and the specialist. The old-fashioned doctor was, so to speak, an all-around specialist. He treated and did his best to care for every disease condition that offered, many of which he knew little or nothing about, with the result that his treatment usually followed empirical lines. Every well-informed doctor knows that his chief function is to aid nature and that there are many times when nature unaided will in a reasonable time bring about a cure. On the other hand, there are times when nature needs all the help that science and art can command in order to combat successfully some dread disease.

From a strictly professional point of view, it was often an open question just how much effect on the course of the disease the treatment administered by the family doctor really had. Nevertheless, when he came to see a patient, he brought something besides drugs, without which the medicine of today sometimes seems cold and impersonal. He brought a remedy which often proved quite as effective, sometimes more effective, than medicine. He brought hope, confidence, and good cheer. He inspired in his patient the courage

and determination to fight to the bitter end. What an interesting and satisfying life he must have led! And yet there must have been another side to it too, the feeling of futility that comes with ignorance of cause and effect, the hopelessness of grappling with forces beyond one's control. It took courage of a high order to carry on and inspire others in such unfavorable circumstances.

It will be a sorry day for humanity if the general practitioner—the family guide, philosopher and friend—ever becomes extinct. The world and society in general will be the losers. He may not know so much medicine, he may not be able to recognize and call by name many of the rarer and more modern differentiations of disease conditions, but he has something that the individual needs, and that no one else can supply in equal measure.

There comes to my mind the picture of my own Uncle John, for whom I was named, a country doctor of the old school. His practice covered a radius of twenty-five miles in a typically rural district at Churchville, Maryland, a large area in those days before the automobile, every part of which he knew. He was a busy practitioner, making his rounds day and night, and covering this territory always on horseback. He was an excellent horseman, and his horses were of the best blooded stock. He was fond of fox-hunting and was noted for his skill as a rider and huntsman. He preferred to ride by night, choosing by-paths and short cuts, not bothering to follow public roads or to stop to let down bars or open gates, taking fences and ditches at a leap. He seemed to know every individual, black and white, in his district, calling most of them by their first names and having brought many of them into the world. He was consulted on all matters, not only professional, but public and private as well, from politics and religion to the most becoming color of ribbon on the baby's new bonnet. All advice was given and suggestions made in the same kindly and interested way. A sympathetic hearing and helpful and cheering answer were assured to all persons and all queries.

Uncle John had been an ardent advocate of the Southern cause during the Civil War and had never voted since, because during the Reconstruction Period his vote had been challenged by the soldiers at the polls. He declared then that if he couldn't vote as he wished, he would never vote again, and he kept his word.

In his youth he became engaged to a young and beautiful girl in the neighborhood, and the wedding day had been set. Shortly before the day arrived she had a severe fall and suffered an injury to the

spine for which in those days there was no known cure. Another element of tragedy in this unfortunate case is the fact that a careful review of it in the light of present knowledge at least strongly suggests that this was a case of "hysterical spine," a condition quite curable when properly treated. She took to her bed and remained bedridden for over forty years, outliving my uncle by three years. During all these years, up to his fatal illness, he remained constantly faithful, a devoted lover. Every day or two, with few exceptions due to the exigencies of his practice, he found time from his busy life, by day or by night, to ride the four miles which separated his home from hers, to bring her a flower or a book, some little token, and a word of cheer for her loneliness.

Meanwhile he was giving his life and all he had to the constant care of his fellows in that community without ever rendering a bill for his professional care of them, and gradually growing old and feeble in their service. His last illness kept him bedridden for some weeks before his death. He had always insisted that he didn't want to die in bed, but "with his boots on." As he always made his professional rounds on horseback, he invariably wore riding boots. In his last illness I tried my best to have him come to the hospital in Baltimore, where I could look after him myself, but I couldn't induce him to do so. I therefore secured for him an excellent male nurse. He insisted that he didn't want any strange woman, even if she was a trained nurse, working over him. The afternoon before he died, convinced of the fact that his end was near, he called the attendant, told him to bring him his clothes and boots and, weak as he was, made him dress him completely, even to putting on his boots. Then he insisted that he be carried downstairs, as he was too weak to walk, and seated in his accustomed chair at his office desk. There he remained until he died shortly afterward, as he had always wanted to die, "with his boots on."

Small wonder that at his funeral, which I attended and which was one of the most impressive experiences of my life, held in the quiet country churchyard just at sunset (his one request) of a beautiful autumn day, there gathered an outpouring of people from the entire countryside such as had seldom been known before. The manifestation of grief and loss on all sides was so spontaneous and genuine that one could not but feel that the community had lost its best friend and felt the loss keenly. To show in some small measure their appreciation of their beloved physician and faithful guide and counselor his

patients and friends erected by popular subscription a plain, unpolished granite shaft, indicative of the character of the man, upon which was inscribed these words: "This shaft is erected by an appreciative and grateful community to stand as an enduring memorial of a noble life adorned with service and crowned with love."

THE HOSPITAL

Says the poet, "Stone walls do not a prison make, nor iron bars a cage." No more does a hospital consist alone of bricks and mortar, tiled walls and floors, no matter how modern its construction or how scientific its equipment. Something more is needed, a vital force, the human touch, to transform the cold, inanimate building into a home, a house of refuge where the sick, the weary and distressed may find, so far as may be, rest and healing for their diseases of mind, body and soul. A hospital is a unique institution, different from any other in that it is established for and caters to sick people only. Sick people are abnormal people; therefore they can not be treated in the same way as well people. In order to obtain satisfactory results due allowance must be made for this fact. As the name itself implies, a hospital is a place where shelter and care are provided for those who are sick or injured and in need of help. At the same time the natural implication is that this aid is to be available at all times to all, rich or poor alike. No distinctions are to be made, and no conditions imposed other than that of need.

Naturally in the development of the idea of the modern hospital some departure has been made from the original conception of just what a hospital should be. As one visits the hospitals in different cities or countries, one will notice at once a wide difference between them. Some are good and some are bad. They are just as different as are people, largely because it is people who make hospitals what they are, and the atmosphere of a particular hospital is but a reflection of the kind of person or persons who run it. If on entering a particular hospital, from the door boy who first greets you at the front until you have finished your visit, every person, from the members of the professional staff, doctors, nurses and hospital attendants to the humblest in the scale of service, treats you courteously, you may be reasonably sure that here is the type of hospital in which you yourself would choose to be sick. Unfortunately, all hospitals are by no means like this. Too many of them are distinguished by lack of courtesy;

are poorly managed, dirty, smelly, noisy; and are characterized by poor professional service and food that is not well cooked or served—in fact, are ill adapted to the purpose for which they are intended, the proper care of the sick.

After one has spent as much time, both as doctor and patient, as I have in hospitals of all kinds for over half a century, there gradually emerges in one's mind a picture of what a hospital really should be. Let me try to describe as nearly as I can a model hospital. In the first place, it should not be too large. As a purely arbitrary limit, three hundred beds is about the maximum size. When it gets beyond that figure, your hospital at once becomes an institution and must of necessity be run along institutional lines. Then the patient loses his individual identity, which is always unfortunate, and becomes simply patient number so-and-so. From an administrative standpoint, a hospital to be satisfactorily run must, of course, be run like a well-established business. But in case of conflict between the administration and the patient, the patient's interest should always be the paramount consideration. In other words, the hospital should be run for the good of the patient, and not the patient for the good of the hospital, which means that a lot of foolish rules concerning the admission and conduct of patients, the visiting hours for friends, and what not, are not infrequently better observed in the breaking than in the keeping. The patient in the hospital should be hedged about by as few rules as possible. There is an old adage to the effect that "regulations and rules are fences for fools: the wise don't need them; the fools don't heed them." Often they are but a source of annoyance to all concerned, and the less they are in evidence, the better.

First impressions are important. The atmosphere about the hospital admitting office has a surprisingly lasting effect. The way the telephone girl at the front meets and greets the patient or his friends and answers questions for information about patients; the reception the patient gets from the admitting physician in his office; the greeting he receives from the head nurse of the ward to which he is admitted; the attitude of the ward resident who takes his history and makes the preliminary physical examination; the impression, let me reiterate, made by all of these, one after the other, has a cumulative effect either for good or ill on the patient's mind that makes all the difference. Let me illustrate my point by relating an incident that happened to me personally with one of my own patients.

Once I had admitted to the hospital for a major operation a man

who was highly nervous and apprehensive. He dreaded the idea of an operation, and he was badly scared. When he at last consented to the operation I wasn't at all sure he would go through with it, but he did enter the hospital one afternoon in a highly nervous condition. I visited him in the evening in order to reassure him as much as possible. To my surprise I found him quite composed in his mind and very cheerful over the prospect of the operation in the morning. He explained the change which had come over him by saying, "After I got to my room here on coming to the hospital, I was sitting thinking over in my mind whether or not I should really have the operation done and had about reached the conclusion that I would take my bag and go home, when I heard a noise behind me. I looked around and saw an old fellow standing there, whom I took to be a doctor. I said, 'Good evening, Doctor,' and with a strong Irish brogue he said, 'How are you? Whose patient are you?' I said, 'Well, I'm Dr. Finney's patient and in here for an operation tomorrow morning.' 'Ah,' said he, 'you're a well man. None of Dr. Finney's patients ever die.' Whether he was telling the truth or not I didn't know, but so far as I was concerned, he had said just what I wanted to hear, for ever since then my mind has been at rest, and I am ready to go on with the operation whenever you are."

This incident just goes to show how a little thing, insignificant in itself, can weigh mightily in the mind of the nervous patient. Old Martin, the orderly, was a great student of human nature. He had sized up the situation at once, and while he took a little liberty with the truth perhaps in what he said, he certainly applied the proper remedy.

To summarize, a hospital is primarily a place in which sick people are cared for. Their comfort and welfare should always take precedence over everything else. The less red tape in the way of hospital rules and regulations, the better. These latter are only for those who need them, and should be kept in the background for use only as occasion requires. Courtesy, kindness, friendliness and consideration are qualities that add greatly to a hospital's effectiveness. Of course, the acid test of a hospital is in the character and results of the professional treatment received there. This in turn depends largely on the personnel of the professional staff, its training and ability. Much depends too on the character of the nursing. Unless these are up to the mark, little else matters, but granted they are what they should be, the other considerations add greatly to a hospital's effi-

ciency and to the welfare, both physical and mental, of the patient, and be it remembered that without them the highest degree of efficiency is unattainable.

In what has just been said, I have been referring to hospitals in general. So-called teaching hospitals, that is those connected with medical schools, differ from others in that the patients are studied by medical students and used as subjects for clinical teaching by members of the visiting staff. The function of the teaching hospital is twofold; humanitarian and education. These two functions are not antagonistic, but rather complementary, and when properly conducted work no hardship to the patient. Quite the contrary, it reacts to his advantage in that cases which are used for clinical demonstrations are as a rule worked up very thoroughly; more so, if possible, than with the general average of patients. Then too, in demonstrating them before the class, the instructor exercises of necessity the greatest possible care in establishing a correct diagnosis and carrying out the line of treatment indicated.

That hospital in which the welfare of the patient from every angle is the prime consideration of every member of the staff, professional or lay, will never want for grateful patients who will continually sing its praises, in season and out, and not infrequently show their gratitude in a more material fashion.

At the opening of the Henry Ford Hospital in Detroit, Dr. Roy McClure, the Surgeon-in-Charge of the Hospital and one of our Hopkins graduates, kindly asked me to come out and attend the opening exercises. Dr. McClure and the newly appointed Superintendent of the Hospital were showing me around, when in the course of the conversation the Superintendent asked me if I was connected with the Johns Hopkins Hospital. I told him I was. He asked me if I knew what the annual balance sheet showed as to how much money the Hospital cleared each year. In astonishment I replied, "I beg your pardon?" thinking I must have misunderstood him.

But he came back with the direct question, "How much money does Hopkins Hospital make every year?"

I said, "Well, pardon me for saying so, but evidently you are not very familiar with hospital management or you would know that running a hospital is not like running most other businesses—the usual question is not how much a given hospital makes, but what is the size of its annual deficit. Every hospital with which I have been connected has had an annual deficit."

He exclaimed, "Well, there won't be any deficit in this Hospital next year, I can tell you now."

I replied that I did not wish to discourage him, but that I should appreciate it very much if at the end of the first fiscal year he would just drop me a line, stating the amount of money the Hospital had made during the first year of its operation.

"I'll do it," said he, "and I'll bet you a hat that it will be a credit and not a deficit."

I told him I didn't care to take the bet as it was too easy money, but he insisted; so I finally said, "All right, I'll take your bet of a hat and shall expect to hear from you a year hence."

That was quite a number of years ago, and I haven't heard from him yet. However, not long after the year was up, Mr. Henry Ford happened to be in Baltimore, and together with Dr. McClure, I walked around the wards of the Hopkins Hospital with him. In the course of our walk I made bold to say to Mr. Ford that I was anxious to ask him a question. "Fire away," said he. "I'll answer it if I can." I warned him that I did not want him to think of answering it if he preferred not to, and then told him of my experience with the Superintendent at the opening of the Henry Ford Hospital and my bet of a hat with him that there would be a deficit at the end of a year. Mr. Ford laughed heartily and remarked, "He bet you a hat, did he, that he was going to make money running the Hospital?" I replied that he had. "Well," said Mr. Ford, "you collect the hat. I know, because I pay the bills." I haven't as yet collected the hat.

No, there are few hospitals I know of that make money. From the nature of the case they are not money-making concerns. When properly conducted, that is, when the good of the patient is the prime consideration, the humanitarian aims so far transcend the economic as to require a liberal endowment in order to run a hospital satisfactorily. When this is not possible, as unfortunately sometimes happens, there is nothing to do but to make the best of a bad situation and call on friends for aid.

Many funny incidents happen in hospitals and add the element of humor to brighten the days of the hard-worked staffs. The reason probably is that in a hospital people are more likely to act naturally, to be themselves, than elsewhere.

I once had as a patient a farmer's wife who needed an abdominal operation. She was rather large and inclined to be fat. The husband,

a farmer and a nice sort of fellow, was naturally much interested. The Women's Ward was just across the hall from the operating room, where I was operating. The husband, while the operation was going on, was restless and wanted to keep moving around. In some way he got by the orderly and wandered to the door of the operating room, which happened for the moment to be open, where he stood looking in while I was operating on his wife. I happened to be using just at the time an electric light in the abdominal cavity in order to explore the hidden recesses. He caught sight of the light just as a nurse corraled him and hustled him away. As he went, he excitedly asked her, "Please, ma'am, who is that the Doctor is operating on—the old woman?"

The nurse replied, "The patient's name is Mrs. ——."

"Yes," he said, "I thought so. That's my old woman. Was that there an electric light he was using in her stomach?"

"Yes."

"Well, I'll be durned. I knowed we was piped for gas and water, but I never knowed before we was wired for electricity."

On another occasion I had as a patient in the same Hospital a doctor named Murphy, with red hair and a freckled face. He and the orderly Martin, himself very much of an Irishman, grew quite chummy, but they used to have lively arguments as to Dr. Murphy's nationality. Dr. Murphy claimed Scotch descent and tried to convince Martin of its truth; the discussions became at times extremely animated. I happened to be passing Dr. Murphy's room one day just as Martin was coming out, bed pan in hand, very red in the face and looking much agitated. "What's the matter, Martin?" I asked.

He stopped a moment, nodded his head toward the door of Dr. Murphy's room and replied in a voice shaken with emotion, "Says he's Scotch, red-headed, freckled-face, 'Murphy.' Scotchman the hell!" and marched on down the corridor, eyes flashing and head up.

At the time of the Big Fire of 1904 in Baltimore, the Union Protestant Infirmary was right in the line of the fire, which was making rapid progress toward it. Several members of the staff and I were watching the fire from an upper porch of the Hospital and debating whether or not the time had come to begin to move our patients out. Fortunately the wind changed direction shortly afterward and drove the fire away from the Hospital. While we were watching, someone behind us was heard to remark *sotto voce*, "Serves

'em right! Serves 'em right!" Naturally we turned around to see who was talking and why. It was Martin.

"Serves who right, Martin?" I inquired.

"The Dimmicratic Party," he answered.

"Why the Democrats?"

"Serves 'em right for sinding a Jew to the Senate!" Martin, being an Irishman, was quite a politician, a strong Democrat, but of the opposition faction to the one in power which recently had chosen Isidore Rayner as Senator from Maryland.

It is well for doctors and nurses to have a sense of humor; otherwise some of the things that happen around a hospital might appear to be a little rough. For instance, I once had as a patient over at the Hopkins Hospital an ignorant old fellow who called himself a doctor. I can't imagine what kind of doctor he could have been. He was fond of using technical terms, not always in the right place and at the right time, but he used them nevertheless in order, we thought, to make an impression on us. He had an ischiorectal abscess, and instead of describing his pain as in that region, he always spoke of it as being in his "gluteus maximus," which is one of the large muscles in that neighborhood. Another thing that bothered him a great deal was his "clay-colored stools."

On one of my morning ward rounds I stopped at his bedside as usual and asked how he was. He replied, "Well, Doc, I'm having a rather hard time this morning. Between that pain in the gluteus maximus and my clay-colored stools, I didn't have a very good night."

I turned to the Resident and asked, "Have you examined the stools? Is there anything extraordinary about them?"

He replied that they had appeared quite normal except as to color. With that the patient leaned over toward me and put out his hand as if he were going to brush something off my shoulder. Instead, however, he touched my mustache and said, "Why, Doc, they are just the color of your mustache." I thanked him for the compliment and passed on, joining heartily with the House Staff and the nurses in the laugh which followed at my expense.

Once there came into the colored ward an old Negro woman who, to use an expression common to that race, was the "spit an' image" of my own old mammy down in Mississippi, bandana head piece and all; so I used to call her "Mammy." She was an interesting old person, and I used to enjoy talking with her. Whenever I came in her

ward, I used to go up to her bed, and invariably the following conversation would take place.

"Why, good mohnin', Mammy. How's yo' dis mohnin'? Yo's lookin' mighty fine. I hope yo's feelin' as good as yo's lookin'."

She would smile coyly, glance down like a young girl, and say, "Now lawse, Doctah, yo' flattahs me."

We would then have a few moments' conversation about her ailments, of which she had many, and she enjoyed talking about them.

One cold winter day a young man came into the Hopkins Hospital with about a half-inch of the ends of the third and fourth fingers of his left hand cut cleanly off by a chopping machine. He told me they had been off for five or six hours. I asked where the ends of the fingers were, and he produced them from his pocket, wrapped up in a piece of the *Baltimore Sun*, or, as Baltimoreans call it, the "Sun Paper." I took the finger ends and soaked them and the hand as well in warm saline solution for some time, thinking it better not to use any antiseptic which might injure the raw surfaces. After soaking them for quite a while and freshening the edges a little with a sharp knife, I replaced the fingers very carefully, holding them in place with a suture at each of the four cardinal points, re-enforced by strips of crepe lisse over the ends, to which collodion was applied. The fingers were thus held tightly in exact apposition. I then applied a dressing and splint. There was no infection, and both fingers grew back perfectly without suppuration. Several of my friends facetiously suggested that the good result might have been brought about by the fact that the portions of finger cut off had been wrapped up in and so kept warm by the "Sun Paper."

One morning a boy who had met with an accident was brought into the Hopkins Dispensary. He wasn't badly hurt, but he needed to have an anesthetic in order that his lacerated hand could be repaired painlessly. While we were in the midst of the operation, his mother arrived. She was nervous and emotional and raised Cain generally, weeping and screaming and insisting that she must see the boy immediately. She was told that he was all right, that there was very little to be done, that he would be out of the operating room shortly, and that she could see him in the recovery room after it was over. No, that would not do. She continued her wailing. Finally, in order to secure peace and quiet, I told them to let her come in the operating room. In the meantime the boy had begun to come out of the

anesthetic, and as usually happens on a full stomach, had vomited copiously. Prunes and more prunes, in a half-filled basin, over himself, on towels and the floor, appeared in great quantity everywhere. The instant the mother opened the door and caught sight of the prunes, instead of going to the boy, who was just then regaining consciousness, she stopped short and with an entirely changed manner and tone of voice exclaimed, "So! That's where my prunes went!"

The boy, who was just conscious enough to appreciate from the tone of her voice what he could expect, said, "Oh, Ma, I only took a few." But the evidence was too strong against him. Poor boy! I'm afraid he fared worse at his mother's hands after she got him home than he did with us.

THE NURSE

That the trained nurse plays a vital role in modern medicine and surgery is an accepted fact. Indeed at times her responsibility in the care of a given case rivals that of the doctor himself. Of course, thorough training is essential to good work, but an attractive, sympathetic, tactful, understanding personality adds greatly to a nurse's effectiveness, as it does to a doctor's. Anyone who has been sick and under the care of a trained nurse for any length of time will understand just what is meant. It is almost a pleasure to be sick and cared for by some nurses. They seem instinctively to understand just how to make one comfortable, with the least possible disturbance and effort. They can make a bed-bath, even when one is feeling very low in both mind and body, seem almost a luxury. Watch what a well-trained, tactful nurse can do in the management of a cranky, uncooperative male patient, and make him like it. They not infrequently have a harder task with their women patients, but even here they can sometimes work wonders. In order to be able to do all this, a nurse must be really human. The average patient when feeling low in mind or body rather likes to have a little fuss made over him, to be mothered just a bit.

What I have called elsewhere the "robot" type of nurse can do many things with technical perfection. She can make a bed without a wrinkle in the sheets and can give a bed-bath without spilling so much as a drop of water, but she lacks that human quality, better understood than described, which is so readily recognized and so highly prized by the patient. Without this, no matter how much she

may excel in other respects, she will not be rated as a success by her patients. On the other hand, take a nurse who has this indefinable something, call it what you will—personality, love of one's fellows, humanity—and you will find that all of her patients adore her, and her services are always in demand.

As a rule the trained nurse represents a high type of womanhood with qualities of head and heart that attract a sick person. Sick people demand from their doctors and nurses a type of service that can only be satisfactorily rendered by persons of more than ordinary ability. Yes, all honor to the trained nurse, a hard-working, self-sacrificing profession, made up of women devoting their lives to the service of their fellowmen.

Trained nurses have a well-earned reputation for being thorough in their work. I had a patient once who will bear willing testimony to this fact. Though not very old, the patient was bald. While he was in the hospital recuperating from an operation, I happened to go into his room one day and found him alone with a basin of water, soap and a wash cloth. He was sitting up in bed, methodically scrubbing his bald head with the soapy wash cloth. I asked him why he was doing that. He looked up and said, "Well, the nurse was just in here giving me my morning bath. After she had finished, she put this basin of water and soap and wash cloth down here on the table beside me and left the room, telling me, 'While I am out, you take this wash cloth and soap and wash yourself where I haven't touched.' After she had gone, the only place I could find that she hadn't washed was the top of my head!"

On one occasion I was called to operate on an old lady in her home. It promised to be a rather difficult case, and I had for that reason brought with me the entire operating-room outfit of the old Union Protestant Infirmary, as the Lady Managers of the Hospital very kindly permitted in special cases. The operating-room nurse from the Hospital happened at that time to be a particularly good-looking young woman, as efficient as she was beautiful. The operation, as expected, proved to be difficult and required considerable time. However, it was finally satisfactorily accomplished.

The patient's family physician, who had been present during the operation, was a well-known woman physician, quite a character in her way. After the operation was over, I was in the washroom washing up when the lady doctor, hands in her pockets, sauntered in. Very casually she asked, "Well, Doctor, how did you get along?"

I replied, "I am glad to say it turned out very satisfactorily, but we had a pretty tough job."

"Oh, did you?"

"Why, yes. Weren't you there? Didn't you see what a time we had?"

"Oh, yes, I was there all right, but I wasn't looking at you. I wasn't interested in what *you* were doing."

"No? May I ask what you were interested in?"

"Why, I was interested in that goodlooking nurse you had. She's the prettiest thing I ever saw. I couldn't keep my eyes off her."

"You interested in a goodlooking nurse? Why, I'm surprised."

"Of course I'm interested in looking at a pretty woman whenever I see one." Then she went on to say, "I don't see how you get any work out of these young doctors with a goodlooking nurse like that around."

"Why, indeed," I said, "you know we doctors are immune to anything like that."

"Oh, yeah! I know how immune doctors are. You are just like all other men. Do you know, if I were married and my husband had to have a trained nurse to take care of him, I'd pick her out."

"Indeed? And may I inquire what would be the criteria?"

"Well, she'd have to be past forty, tall, thin and angular, cross-eyed, redheaded, freckle-faced, and have a bad breath before she could nurse *my* husband."

"Good," said I, "Why, even you would be safe under those circumstances."

Perhaps I may have seemed a little severe, but I knew her well, and she laughed and took it in good part, as it was intended. But my sympathy was with the hypothetical husband.

FEE-SPLITTING

There are certain matters of current significance to which I should like to refer here. The first is a problem which has plagued the medical profession for a long time, the practice of "fee-splitting." One hears the term every now and then, usually accompanied with a smile, a shrug of the shoulders or a facetious remark to the effect that "there are tricks in all trades except our own." As one gets older and has wider experience with human nature and things in general, one is impressed with the fact that in most walks of life, indeed

I think it may truthfully be said in all walks of life, customs and habits, "tricks" if you like, develop which illustrate the weaknesses of human nature and the defects of human character. Fee-splitting is a detestable, but unfortunately all too common, practice, admittedly rife in the profession in different parts of the country and to a certain extent prevalent in all localities.

To be perfectly frank, the question of adequate fees, according to present customs and traditions, not infrequently works a hardship on the family doctor. In any case that comes to him he has a definite responsibility; namely, to make a prompt diagnosis of the ailment with which the patient is affected and an equally prompt recognition of the fact that the patient may be in need of more scientific or more skillful treatment than he himself is able to give. This means in not a few instances the transfer of the patient to the care of another. Thus he is likely to lose a considerable fee, which to the average doctor with a small income is a matter of serious moment. What then shall he do? Hold on to the patient to his detriment, share with a consultant the responsibility of his treatment, or in the case of a necessary surgical operation, turn the patient over entirely to the surgeon?

Here is where the temptation comes, and every medical man appreciates the seriousness of it. The surgeon as a rule collects a larger fee than the medical man. Shall the doctor who referred the patient to him give up all chance of himself receiving any pecuniary benefit, or shall he enter into an agreement with the surgeon for a division of the surgeon's fee? That is the question, often a very serious one for both physician and surgeon. On the one hand, if the physician can make an advantageous arrangement with the surgeon for a handsome rake-off, he will be inclined to refer subsequent surgical cases to him. If on the other hand the surgeon is unwilling to make such an agreement, the physician will be sorely tempted to refer subsequent patients to some other surgeon who will be more willing to divide the fee.

Since the income of the average general practitioner is never large, and is often so small as to make the support of his family a serious concern, the opportunity to increase his income constitutes a grave temptation. For obvious reasons medical ethics are absolutely opposed to the division of fees. Just how best to deal with this serious problem has been a matter of grave consideration for some time. Membership in certain societies, for instance, requires the signing of a pledge not to indulge in this practice. This is not enough, as experience has

shown that such pledges are not always kept. There seems to be no sure way of preventing this abominable practice, except the determination upon the part of each individual physician or surgeon to refrain from even the appearance of evil.

I don't know whether or not my experience in this respect has been unique, but only twice in my entire professional career has the question come up. My first experience was with a certain doctor who had previously referred several patients to me for operation. After the patient had recovered, without anything having been said as to the amount of the fee for professional services rendered, the doctor brought me a certain sum in cash, which he said that in order to save me the bother he had collected from the patient after discussing with him his ability to pay. This happened two or three times. Then I told the doctor I did not like that way of doing things because, although it might be all right, it was open to possible abuses, and therefore if he did not mind, I should prefer to arrange my fee with the patient myself. That doctor never referred another patient to me.

I had one interesting experience with a member of a patient's family. I had operated on the patient for gall stones. He had been quite ill, but had made a good recovery. His son-in-law, who was engaged in business with the patient, came to me to ask for his father-in-law's bill. The patient was well-to-do, and since the operation had been a serious one and the patient had been under my care for some time, I told the son-in-law that I thought five hundred dollars would be a proper amount. The son-in-law readily agreed that that was entirely all right, but he suggested, "Doctor, the old man is well fixed and can pay six hundred and fifty dollars as well as five hundred dollars. You make out the bill for six hundred and fifty dollars, and I'll collect the money. You'll get your five hundred dollars and fifty dollars more, and I'll get one hundred dollars for my share, and we'll both be that much in." I told him I was sorry, but I didn't do business in that way, that five hundred dollars was my charge, that I should expect that amount and no more, and that I should send my bill for that amount to the old gentleman. The son-in-law seemed much disturbed and wanted to argue the question, but I declined. He left the office, apparently wondering what sort of a fool I was to turn down such an opportunity. It takes all kinds of people to make up a world, a fact which nobody has a better opportunity to observe than the doctor.

My second experience with fee-splitting was with an old doctor

who had recently come up from the South and who, I had reason to believe, was in straitened circumstances. He brought to me a young man and his wife. The wife needed an operation for a recurrent appendicitis. After the operation, when she was ready to leave the hospital, the old doctor came to me, evidently much disturbed. He said he hoped I wouldn't think he made a practice of this sort of thing, but he was very hard up and needed the money badly, and wondered if I would be willing to divide the fee in this particular case. I felt from his whole manner that only necessity had made him willing to suggest such an agreement. So I replied, "No, Doctor, I can't do that sort of thing, and I don't believe that you make a practice of it either. Bring the patient's husband to my office tomorrow, and we'll talk matters over." He seemed quite relieved.

The next day he appeared at my office with the patient's husband. I told the husband that since in the first place the doctor had brought his wife to me, and since I knew that the doctor's financial condition was not very satisfactory, and since he had spent a good deal of time, in fact more time than I had, with the patient, I felt he was entitled to the fee. I explained to the husband that the reason I wanted him there was so that the three of us together would understand just what was done with his check. The amount was agreed upon; the husband wrote a check and handed it to me; I indorsed the check, made it payable to the doctor's order and handed it over to him. I then asked the husband if that was entirely satisfactory to him. He said it was. The old doctor was so pleased and so overcome that he could not find words to express his thanks.

This way of handling the problem seems to me to be the solution. If the patient knows to whom his money is going, it is ethical to make any mutually satisfactory agreement between the three parties concerned. It is only deception that make the whole transaction dishonest and unethical.

SOCIALIZED MEDICINE

Another matter of which I wish to speak is the trend of modern medicine in relationship to the entire social set-up. In these days one hears much of so-called "Socialized Medicine." What does it all mean? There is a great deal of misapprehension as to just what is the real meaning of the term. It is impossible to give a definition that will be satisfactory to everyone.

To hear some of its advocates lauding its supposed virtues, one might be led to believe that it is a panacea for all the ills, real or fancied, that are attendant upon the system of medical care at present in vogue, and which has been in operation from time immemorial. Divested of all extraneous circumstances, the situation would appear to be something like this; certain socially minded individuals have worked themselves into more or less of a frenzy over the reports of certain more or less responsible committees, purporting to be based upon statistics more or less reliable, to the effect that a large proportion of the population, varying in different parts of the country, is at present without "adequate medical care." In order to back up their contention the advocates of Socialized Medicine point with pride to various foreign countries in which Socialized Medicine in some form or other has been in operation, and to the alleged wonderful results that have been obtained. However, a more thorough study of these results has not altogether borne out the extravagant claims made by its advocates. Every honest, informed person will readily admit that the present system is not perfect. No man-made scheme is, but there is reason to believe that the proposed remedies may prove worse than the disease. It would be well to exercise caution before the introduction of any radical measures.

The question of the socialization of medicine is far too broad to permit of adequate discussion here. Suffice it to say that it is calculated to destroy that which gives the real charm to the practice of medicine; namely, the intimate personal relationship that exists between the patient and the doctor of his choice. The loss that would accrue to the patient is incalculable. The gain, if any, would apply only to that indeterminate, and probably exaggerated, number who for one reason or another are unable or unwilling to take the trouble to obtain medical attention already available. However, in these days of the multiplication of hospitals, of the greatly increased transit facilities of all kinds, of the telephone and the radio, the number composing this group should be steadily decreasing in spite of the large unemployment rate.

The practice in operation at the present time by reason of our growing system of paternalism in government has so disturbed individual initiative as to create in its place the expectation that the government will supply one's needs with little effort on one's own part. Because a certain fraction of the populace is inadequately supplied with medical facilities, why penalize the whole number by disrupting

the entire system of medicine at present in operation by introducing the panel system, regimentation, compulsory health insurance, together with the political doctor? For politics and Socialized Medicine are inseparable, as experience has abundantly proven. Why do all this, I say, at the behest of certain well-intentioned, perhaps, but ill-advised, social-minded enthusiasts in face of the fact of the astonishing progress that medicine has made in every way in the last fifty years, which has placed this country beyond question in the van of progressive medicine? Why give up all this, and for what?

Again I say that the remedy bids fair to be worse than the disease. Sick people can not either to their comfort or to their advantage be regimented and made to conform to hard and fast rules of conduct or of therapeutics. On the contrary, such regimentation is irksome beyond measure. Each case is a law unto itself, and in order to secure the best possible results must be so studied and treated. Lord help the poor patient if ever State Medicine becomes established! Not only will the resultant effect upon the patient be disadvantageous, but the effect on the profession of medicine itself will be even more disastrous. The American public will do well to go slowly and consider well the probable results before substituting for the American method any of the foreign systems so much at variance with our accustomed way of living.

This matter of Socialized Medicine is of such vital importance both to the patient and to the physician, and ignorance and misapprehension with regard to it are so widespread, that for the protection of both parties concerned every effort should be made to educate the public and the profession alike as to the facts in the case. Toward the accomplishment of this end the American Medical Association has appointed a committee composed of representative members of the medical profession, whose duty it will be, in the language of their preliminary report, to:

1. *Make possible the providing of medical service to the indigent and those in the low income groups, and insure the most widespread distribution of the most effective methods and equipment in medicine and surgery.*

2. *Assume the responsibility of countering destructive propaganda by familiarizing the public with the facts in connection with the methods and the achievements of American Medicine.*

In this connection, this report also calls attention to certain very interesting facts:

In a period of one hundred and fifty years in the United States, the life expectancy of man has been raised from thirty-five years to sixty-two years—nearly doubled.

During this period typhus fever practically has disappeared; smallpox has been robbed of its terror; diphtheria has been conquered; typhoid fever, tuberculosis, diabetes, and a score of lesser ailments have been subjected to control.

Today, a child born into an average American home has the prospect of living more than ten years longer than a child born into a similar home in any other great nation in the world.

These are some of the achievements of American Medicine. Back of the achievements are the scientists, the medical schools, the research laboratories, the production and distribution of drugs and medicine, the technical skills and the methods of practice and of hospitalization that have brought world-wide recognition of supremacy in the field of medicine and medical practice.

American Medicine gave to the United States, in the calendar year of 1938, the most favorable health record of its one hundred and fifty years history. It resulted—in 1938—in the highest general level of health and the lowest death rate ever known in the United States, or for any comparable number of people anywhere in the world....

Unless the American people are made fully aware of these facts and become conscious of their meaning in terms of public benefit and individual security, American Medicine may be fettered. Its further development and its opportunity for service may be restricted. Its independence, which made possible its progress, may be forfeited....

...There is the trend...toward governmental paternalism and the false, suicidal doctrine that the "State" can provide a service and a security that the people cannot otherwise obtain....

The public is being taught that it is being imposed upon by organized medicine. Systematically, it is being schooled in the belief that only government can provide medical care that will insure to each and every one the maximum efficiency in the treatment of disease.

If there be truth in this teaching, it contradicts the experience of the nations of the world over a period of fifty years. During this period, for differing lengths of time and in varying degrees, the

medicines of England, France, Germany, and Russia have been subject to control or administration by Government. During this period, American Medicine moved forward to world leadership and, as previously stated, in 1938 gave to the United States its best general health record....

This committee will, to the fullest possible extent within its abilities and resources, familiarize the general public with its program and policies, private and public health needs,—the achievements of and the position occupied by American Medicine,—the services rendered by physicians,—how and where these services are available, and will utilize all legitimate agencies at hand to accomplish its purpose....

Thus it will be seen that organized medicine is prepared to do everything in its power to provide adequate medical care for everyone who needs the services of a physician. It stands to reason that the members of the medical profession, since this matter of the public health is their especial province, are the proper persons to bear the responsibility, and so long as political interference in the form of governmental control can be kept out of the picture, they may safely be trusted to find a satisfactory solution.

XV. IN RETROSPECT

AFTER A half century's experience in the study and active practice of surgery, when the strain and stress that of necessity play such an important part in a busy surgeon's life have begun to let up a bit, I find it interesting to live over again in retrospect certain events that stand out in my memory and to philosophize over changing conditions and their causes. It is curious the effect that the passage of time, a perhaps broader mental horizon, and the lessening of individual responsibility have upon one's perspective. One wonders why certain problems which now seem so simple then appeared so difficult. One's mind is apt to dwell perhaps unduly on one's successes or one's failures. One is torn between conflicting emotions, the wish for another chance to correct certain known mistakes, and the sense of real satisfaction that one's responsibilities in this respect are now over, and henceforth one can sit at ease on the sidelines and watch the other fellow struggle and sweat. After such a busy life, I fancy that it must indeed be hard for one who is still enjoying good health, suddenly to find himself idle. Personally, I have always dreaded the day when I should wake up and find myself with nothing to do. Hence, I have deliberately taken on certain continuing responsibilities in order to obviate this eventuality. So far I have nothing to complain of in this respect. Indeed the question is, rather, how to find the time to do all the things to which I am obligated. Just now, for instance, along with a host of other activities, as Chairman of the local Chapter of the Red Cross, making every effort to furnish surgical dressings, clothing and other needed supplies to the wounded in the hospitals and the war refugees, together with the raising of our quota of the twenty million dollar fund, to which our Chapter of the Red Cross is obligated, I find myself in no immediate danger of suffering from the effects of ennui. It is said that "change of occupation is

a rest." Perhaps it is, but in order to be strictly correct, some stipulation should be given as to the character of the new occupation.

I fancy the process of readjustment from a very busy life full of varied activities to one of comparative freedom from responsibility, will require the expenditure of a considerable amount of time and patience before one becomes quite adapted to his new environment. There comes to mind the story told by a former patient of mine, the wife of an Admiral who, his term of foreign service having expired, was on his way home, a passenger on a liner bound for New York. The Admiral was accompanied by his wife. One night there was a fierce gale blowing. The ship was plunging and rolling to such an extent that the wife became greatly alarmed and could not sleep. The Admiral, however, was lying flat in his bunk, peacefully sleeping, regardless of the storm. Finally, as the wife could stand it no longer, she awakened him and said "John, do get up and dress and go up on the bridge and see if everything is all right." He looked at her reproachfully for a moment, and then replied, "Maria, do, for goodness' sake, let me alone. This is one of the nights when I thank the Lord I have no responsibilities." I am reminded of this incident every now and then when I see people borrowing trouble—as if there was not enough coming to one anyway.

After the heat and burden of the day, when one has at last become somewhat adjusted to changed conditions, it must be a feeling of relief that one experiences as one sits quietly by and enjoys the cool of Life's evening. At any rate I am anticipating, and indeed already experiencing, much pleasure and enjoyment in the company of my family and friends, my children, and especially my grandchildren. I am quite prepared to find what I have always believed to be the case, namely, that there are compensations to be found even in growing old.

The patient and his welfare are the prime consideration around which the whole practice of modern medicine and surgery is centered. It is this fact I have had in mind all the while in compiling this record of a doctor's busy life and the various incidents that have contributed to make it interesting. The many recent advances in medical science have contributed greatly to the effectiveness of the "armamentarium" of the doctor in the war that he is continually waging against the ravages of disease. If he is to be in a position to render the maximum benefit to his patient, he must keep abreast of the progress taking place in medicine. This means constant attention to

the professional demands on his time and thought, keeping up with the literature, attending medical meetings, studying the patient in hospital ward and laboratory, and, last but not least, coming really to know him—in other words, the utilization of both the scientific and the human approach in the care of the patient. Is it any wonder then that the doctor leads a busy life?

Robert Louis Stevenson, whose long illness with its resulting need for medical service, and his consequent more or less intimate association with medical men, render him peculiarly well fitted to speak from the standpoint of the patient, has this to say of the doctor: "Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and, what are more important, Heracleian cheerfulness and courage, so that he brings air and cheer into the sickroom, and often enough, though not so often as he wishes, brings healing." Such is the estimate, by one well qualified to judge, of the great opportunities offered by the profession of medicine as a career to a young man or woman who is earnestly seeking to decide the all-important question as to what shall be his or her life work. If the guiding principle is to be service to one's fellowmen, then the claims of medicine may well be given careful consideration.

In writing this autobiography it has not been my desire to describe the doctor's life in too idealistic terms, or to paint it in too somber colors. I have rather endeavored to make it as realistic as possible in order to be of service to the young man who is thinking of medicine as a vocation, since he should have some sort of clear conception as to what it all means before deciding definitely whether or not to take it up. It is undoubtedly a hard life, and an exacting one because of the nature of the work required of the physician. Then, too, the practice of medicine is generally regarded as of a semi-philanthropic character, and hence in a different category from most other professions.

The doctor, if he is a true physician, will be absorbed and happy in his work no matter how strenuous it may be. He soon gets used to his irregular mode of living, and learns to get along with little sleep. It may appear strange, perhaps, but a doctor makes a poor, but very human patient. When he does get anything the matter, he is always thinking of the "maybe's." The possibilities, not the probabilities, command his attention and give rise to needless worry.

So it is that the doctor's family, especially his wife, often has a

pretty hard time. She has to bear the brunt of the irregularities and the vagaries of his professional life. Often she has to listen to the tales of woe of his women patients over the telephone, in market, at afternoon teas, and elsewhere. The endless details of the subjective symptoms of the psychoneurotic are retailed to her and not infrequently is she called upon to advise when the aid of the family doctor is sought in the complications that occasionally arise in domestic affairs. In this trying situation the wise doctor will soon come to hold in high regard the advice and practical suggestions of his wife, if she is the right sort.

The doctor is fortunate whose wife is able to adapt herself to his profession, for much of his success will depend upon her social and business qualities, her womanly intuition, good common sense, and the ability to control her tongue. There is nothing quite so fatal to a young doctor's prospects as to have his wife discuss the maladies of his women patients at an afternoon tea or over a game of bridge. Most offenses may be forgiven, but this one never. The patient herself may, and often does delight in discussing in detail her physical infirmities and the number and character of her previous operations, and in enumerating the particular parts of her anatomy that she has lost at the hands of the surgeon. But for the surgeon's wife to trespass upon her prerogative and impart any "inside" information, is an unpardonable breach of professional etiquette.

Elsewhere I have endeavored to define medicine as "a profession ennobled by men actuated solely by their desire to devote their time and their talents to the relief of suffering humanity, willing, yes glad, at any time, if need be, to lay down their own lives for those of their fellowmen; whose membership should embrace only men of singleness of purpose, unselfish, high-minded, zealous in their efforts to wrest from Nature the keys to her many mysteries; men who, unconsciously perhaps, in character and conduct reflect in varying degree, the life and spirit of 'The Great Physician'; a profession free from taint of commercialism or graft; in which there shall be no room for the base, the unscrupulous, the ignorant, or the unskilled; in which the test for membership has to do only with character and attainment." Are our ideals too high? Are we striving after the unattainable? After over fifty years of close association with members of the profession, frankly I do not think so. Unquestionably, not all members of the medical profession measure up to these requirements. But doctors are only human, as a class perhaps more human

than any similar group of individuals, because from the very character of their work they gain such insight into human nature, and thus come to understand it so well and respect it so highly. This is one of the chief characteristics of the true doctor, and one of the crowning glories of a profession most exacting in its demands upon the time and talents of its members, and at the same time offering unlimited opportunities for usefulness in the way of service to humanity. It is this human element, this call to the aid of his fellowmen, wherein lies the charm that appeals so strongly to the true physician. The joy and satisfaction experienced in relieving the ills and ministering to the wants of humanity more than compensate him for the loss of the larger social and pecuniary returns that come from other less onerous and responsible vocations. The true physician is supremely happy in his work. He could not be happy doing anything else. Once having caught the vision as it unfolds before his gaze, all else fades into insignificance.

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